## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: STA to Operate E070014 with the launch and testing of EchoStar 15

1. Applicant

Name: EchoStar Corporation Phone Number: 303–723–1000

DBA Name: Fax Number:

**Street:** 100 Inverness Terrace East **E-Mail:** 

City: Englewood State: CO

Country: USA Zipcode: 80112 -

**Attention:** Alison Minea – (202)293–1216

2. Contact				
Name:	Panelis Michalopoulos	Phone Number:	202-429-6494	
Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902	
Street:	1330 Connecticut Avenue, NW	E–Mail:	PMichalopoulos@steptoe.com	
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20036 –	
Attention:		Relationship:	Legal Counsel	
application. Please ente 3. Reference File Num  4a. Is a fee submitted  If Yes, complete and	r only one.)	dicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
Other(please explain	n):			
4b. Fee Classification	CGX – Fixed Satellite Transmit/Re	eceive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 07/10/2010	Date			
7. CityGilbert		8. Latitude (dd mm ss.s h)	8. Latitude (dd mm ss.s h) 33 22 0.8 N	

9. State AZ	10. Longitude (dd mm ss.s h) 111 48 54.7 W			
11. Please supply any need attachments.				
Attachment 1: STA justification Attachment 2:	Attachment 3:			
12. Description. (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)				
EchoStar Corporation seeks special temporary E070014, with the EchoStar 15 satellite durin				
13. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.				
14. Name of Person Signing Alison Minea	15. Title of Person Signing Corporate Counsel			
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).				

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