APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Special Temporary Authority to Operate Call Sign E070015 with EchoStar 8 at 77.0 W.L.

1. Applicant

Name: EchoStar Corporation Phone Number: 202–293–0981

DBA Name: Fax Number:

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

City: Englewood State: CO

Country: USA Zipcode: 80112 -

Attention: Alison Minea

2. Conta	ct				
	Name:	Pantelis Michalopoulos	Phone Number:	(202) 429–6494	
	Company:	Steptoe & Johnson LLP	Fax Number:		
	Street:	1330 Connecticut Ave. NW	E–Mail:	pmichalopoulos@steptoe.com	
	City:	Washington	State:	DC	
	Country:	USA	Zipcode:	20036 –	
	Attention:		Relationship:	Legal Counsel	
. •	* *	* *	the Commission, enter either the	ne file number or the IB Submission ID of the related	
application. Please enter only one.) 3. Reference File Number or Submission ID					
If Ye Gove	s, complete and	I with this application? I attach FCC Form 159. If No, it y Noncommercial education n):		on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type R	Request				
Use Prior to Grant Change Station Location Other					
6. Reque	sted Use Prior	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: Narrative 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 authority to operate its Ku-band						
transmit/receive earth station with EchoStar 8 at 77.0 W.L. See attached narrative.						
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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