## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:

30-day Special Temporary Authority to Operate Call Sign E080007 with, and Provide TT&C for EchoStar 15 during relocation to the 44.9 W.L. orbital location.

ant			
Name:	EchoStar Broadcasting Corporation	Phone Number:	202-293-0981
DBA Name:		Fax Number:	
Street:	100 Inverness Terrace East	E-Mail:	
City:	Englewood	State:	СО
<b>Country:</b>	USA	Zipcode:	80112 –
Attention:	Ms. Alison Minea		

2. Contac	ct						
	Name:	Pantelis Michalopoulos	Phone Number:	202-429-6494			
	Company:	Steptoe & Johnson LLP	Fax Number:	202-429-3902			
	Street:	1330 Connecticut Ave. NW	E–Mail:	pmichalopoulos@steptoe.com			
	City:	Washington	State:	DC			
	Country:	USA	Zipcode:	20036 -1795			
	Attention:		Relationship:	Legal Counsel			
applicatio 3. Refere 4a. Is a If Yes	on. Please enterence File Numb a fee submitted s, complete and	only one.)  oer SESAFS2012081500747 or Solution?  I with this application?  I attach FCC Form 159. If No, in	dubmission ID ndicate reason for fee e	either the file number or the IB Submission ID of the related exemption (see 47 C.F.R.Section 1.1114).			
	rnmentai Entit r(please explaii	y Noncommercial education	nai licensee				
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type R	equest						
O Use Prior to Grant O Change Station Location O Other							
6. Reques	sted Use Prior l	Date					
1				8. Latitude (dd mm ss.s h) 33 22 0.3 N			

9. State AZ	10. Longitude (dd mm ss.s h) 111 48 53.9 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 Broadcasting Corporation seeks a 30-day Special Temporary Authority to operate its transmit/receive earth station, E080007, to provide TT&C during its relocation to 45 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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