APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E980118 STA Request

1. Applicant

Name: EchoStar Broadcasting

Phone Number:

202-293-0981

Corporation

DBA Name:

Fax Number:

Street:

100 Inverness Terrace East

E-Mail:

City:

Englewood

State:

CO

Country: Attention:

USA

Zipcode:

80112

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2. Contact					
N	Name:	Phuong Pham	Phone Number:	: 202–783–4141	
(Company:	Wilkinson Barker Knauer, LLP	Fax Number:	202-783-5851	
S	Street:	2300 N Street, NW	E-Mail:	PPham@wbklaw.com	
		Suite 700			
(City:	Washington	State:	DC	
(Country:	USA	Zipcode:	20037 –	
A	Attention:		Relationship:	Legal Counsel	
3. Referenc 4a. Is a fe If Yes, c Governi	ee submitted complete and	with this application? attach FCC Form 159. If No, ind Noncommercial educational		e exemption (see 47 C.F.R.Section 1.1114).	
4b. Fee Clas	sification (CGX – Fixed Satellite Transmit/Red	ceive Earth Station		
5. Type Req	uest				
O Use Prior to Grant O Change Station Location O Other					
6. Requested	d Use Prior I	Date			
7. CityCheyenne			8. Lati (dd mi	itude m ss.s h) 41 7 55.7 N	

9. State WY	10. Longitude (dd mm ss.s h) 104 44 11.5 W				
11. Please supply any need attachments.					
Attachment 1: 1 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.)					
Applicant seeks a 5-day STA to perform testin G-1 satellite over C-band frequencies using t	g for emergency TT&C operations with the DBSD wo earth stations. 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 Jennifer Manner	15. Title of Person Signing Vice President of Regulatory Affairs				
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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