## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E070014 STA for EchoStar 18

1. Applicant								
	Name:	EchoStar Broadcasting Corporation	Phone Number:	301-428-5893				
	DBA Name:		Fax Number:					
	Street:	100 Inverness Terrace East	E-Mail:					
	City:	Englewood	State:	СО				
	<b>Country:</b>	USA	Zipcode:	80112 –				
	Attention:	Jennifer A Manner						

2. Contact							
Name:	Jennifer A. Manner	Phone Numb	<b>ber:</b> 301–4	301-428-5893			
Company:	EchoStar Broadcasting Corporation	Fax Number	:				
Street:	11717 Exploration Lane	E–Mail:					
City:	Germantown	State:	MD				
Country:	USA	Zipcode:	20876	_			
Attention:		Relationship	: Same				
<ul> <li>(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)</li> <li>3. Reference File Number or Submission ID</li> <li>4a. Is a fee submitted with this application?</li> <li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li> <li>Governmental Entity Noncommercial educational licensee</li> <li>Other(please explain):</li> </ul>							
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request     • Use Prior to Grant     • Change Station Location       • Other							
6. Requested Use Prior Date							

7. CityGilbert	8. Latitude (dd mm ss.s h) 0 0 0.0					
9. State AZ	10. Longitude (dd mm ss.s h) 0 0 0.0					
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.)						
Seeking STA for in-orbit testing and TT&C for EchoStar 18 at 137.75 WL          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.       Yes						
14. Name of Person Signing Jennifer A. Manner	15. Title of Person Signing Vice President, 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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