

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
E150098 STA for EchoStar 18

**1. Applicant**

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

**2. Contact**

<b>Name:</b>	Alexander Gerdenitsch	<b>Phone Number:</b>	301-428-1654
<b>Company:</b>	EchoStar Broadcasting Corporation	<b>Fax Number:</b>	
<b>Street:</b>	11717 Exploration Lane	<b>E-Mail:</b>	
<b>City:</b>	Germantown	<b>State:</b>	MD
<b>Country:</b>	USA	<b>Zipcode:</b>	20876 -
<b>Attention:</b>		<b>Relationship:</b>	Engineer

(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.)

3. Reference File Number SESLIC2015063000436 or Submission ID

4a. Is a fee submitted with this application?

- If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R. Section 1.1114).
- Governmental Entity     Noncommercial educational licensee
- Other (please explain):

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. CitySummerset	8. Latitude (dd mm ss.s h) 41 11 14.2 N
9. State SD	10. Longitude (dd mm ss.s h) 103 20 7.5 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.) <div style="border: 1px solid black; padding: 5px;">Seeking an STA for in-orbit testing and TT&amp;C of EchoStar 18 at 67.2 WL</div>	
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. <input checked="checked" type="radio"/> Yes <input type="radio"/> No	
14. Name of Person Signing Jennifer A. Manner	15. Title of Person Signing Senior 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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