## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Cheyenne (E980047) Emergency STA to move EchoStar 18

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

2. Contact							
Name:	Jennifer A. Manner	Phone Number:	301-428-5893				
Compar	y: EchoStar Operating L.L.C.	Fax Number:					
Street:	11717 Exploration Lane	E–Mail:	jennifer.manner@echostar.ccom				
City:	Germantown	State:	MD				
Country	: USA	Zipcode:	20876 –				
Attentio	n:	<b>Relationship:</b>	Same				
<ul> <li>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. CityCheyenne	8. Latitude (dd mm ss.s h) 41 7 56.4 N					
9. State WY	10. Longitude (dd mm ss.s h) 104 44 10.4 W					
11. Please supply any need attachments.						
Attachment 1: Exhibit 1Attachment 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 30-day special temporary authority to operate certain earth stations for TT&C and feeder link communications during the temporary relocation and operations of EchoStar 18 at 109.9 W.L. See Exhibit 1.						
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 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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