Approved by OMB
3060−0678

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu:
Cheyenne (E980081) Emergency STA to move EchoStar 18

1. Applicant

Name:	EchoStar Broadcasting Holding Corporation	**Phone Number:**	202−463−3709
DBA Name:		**Fax Number:**	
Street:	1110 Vermont Ave NW Suite 750	**E−Mail:**	Alison.Minea@dish.com
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20005 −
Attention:	Ms Alison Minea		

2. Contact

Name:	Alison Minea	**Phone Number:**	202−463−3709
Company:	EchoStar Broadcasting Holding Corporation	**Fax Number:**	
Street:	1110 Vermont Ave NW Suite 750	E−Mail:	Alison.Minea@dish.com
City:	Washington	**State:**	DC
Country:	USA	**Zipcode:**	20005 −
Attention:		**Relationship:**	

(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 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. CityCheyenne	8. Latitude (dd mm ss.s h) 41 7 58.3 N
9. State WY	10. Longitude (dd mm ss.s h) 104 44 9.1 W

11. Please supply any need attachments.

Attachment 1: Exhibit 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.)

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.

◉ Yes ○ No

14. Name of Person Signing Alison Minea	15. Title of Person Signing Director & Senior Counsel, Regulatory Affairs

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