

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
Blackhawk (E020248) 30-Day STA for EchoStar 23

1. Applicant

Name:	EchoStar Operating L.L.C.	Phone Number:	301-428-5893
DBA Name:		Fax Number:	
Street:	100 Inverness Terrace East	E-Mail:	
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Jennifer Manner		

2. Contact

Name:	Jennifer A. Manner	Phone Number:	301-428-5893
Company:	EchoStar Operating L.L.C.	Fax Number:	
Street:	11717 Exploration Lane	E-Mail:	jennifer.manner@echostar.com
City:	Germantown	State:	MD
Country:	USA	Zipcode:	20876 -
Attention:		Relationship:	Same

(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
06/17/2019

7. CityBlackhawk	8. Latitude (dd mm ss.s h) 44 11 15.3 N
9. State SD	10. Longitude (dd mm ss.s h) 103 20 9.7 W
<p>11. Please supply any need attachments.</p> <p>Attachment 1: Exhibit 1 Attachment 2: Attachment 3:</p>	
<p>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.)</p> <div style="border: 1px solid black; padding: 5px;"> <p>Seeking 30-day special temporary authority to operate earth station for TT&C communications with the EchoStar 23 satellite for interim operations at 67.9 W.L. prior to its planned relocation and operations at 72.6 W.L. See Exhibit 1.</p> </div>	
<p>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 &quot;party to the application&quot; for these purposes.</p> <p style="text-align: right;"><input checked="checked" type="radio"/> Yes <input type="radio"/> No</p>	
<p>14. Name of Person Signing</p> <p>Jennifer A. Manner</p>	<p>15. Title of Person Signing</p> <p>Senior Vice President, Regulatory Affairs</p>
<p>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).</p>	

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