APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Mt. Jackson (E170094) 30–Day STA Regarding 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:	80112 –
Attention:		Relationship:	Same
application. Please ente 3. Reference File Num 4a. Is a fee submitte If Yes, complete an	r only one.) ber or Submission ID d with this application? d attach FCC Form 159. If No, i	ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).
4b. Fee Classification	CGX – Fixed Satellite Transmit/I	Receive Earth Station	
5. Type Request • Use Prior to Grant	O Cha	nge Station Location	Other
6. Requested Use Prior 06/17/2019	Date		
7. CityQuicksburg		8. Latitude (dd mm ss.s h)	38 43 23.1 N

9. State VA	10. Longitude (dd mm ss.s h) 78 39 57.8 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 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.				
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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