APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: Renewal of Gilbert (E070014) 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:	e: Jennifer A. Manner		ımber:	301-428-5893	
	Company:	EchoStar Operating L.L.C.	Fax Num	ber:		
	Street:	11717 Exploration Lane	E–Mail:		jennifer.manner@echostar.ccom	
	City:	Germantown	State:		MD	
	Country:	USA	Zipcode:		20876 –	
	Attention:		Relations	hip:	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 SESSTA2019071100919 or Submission ID 4a. Is a fee submitted with this application? 4f. 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 Cl	assification	CGX – Fixed Satellite Transmit/F	Receive Earth S	Station		
5. Type Request O Use Prior to Grant O Change Station Location O Other						
	ted Use Prior I 18/2019	Date				

7. CityGilbert	8. Latitude (dd mm ss.s h) 33 22 0.8 N							
9. State AZ	10. Longitude (dd mm ss.s h) 111 48 54.7 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 renewal of 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 Yes No								
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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