APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E170094 – April20 30 Day STA Renewal

1. Applicant

Name: EchoStar BSS Corporation Phone Number: 202–463–3709

DBA Name: Fax Number:

Street: 1110 Vermont Ave NW E–Mail: Alison.Minea@dish.com

Suite 750

City: Washington State: DC

Country: USA Zipcode: 20005 -

Attention: Alison Minea

2. Contact				
Name:	EchoStar BSS Corporation	Phone Number:	202-463-3709	
Company:		Fax Number:		
Street:	1110 Vermont Ave NW	E-Mail:	Alison.Minea@dish.com	
	Suite 750			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20005 –	
Attention:		Relationship:		
application. Please enter 3. Reference File Numb 4a. Is a fee submitted		Submission ID	on (see 47 C.F.R.Section 1.1114).	
	y Noncommercial education		A (See 17 C.I. R. Seedon 1.1111).	
Other(please explain	-			
4b. Fee Classification	CGX – Fixed Satellite Transmit/I	Receive Earth Station		
5. Type Request				
Use Prior to Grant Change Station Location Other				
6. Requested Use Prior 1 04/13/2020	Date			
7. CityQuicksburg		8. Latitude (dd mm ss.s h)		

0.00.	10.7			
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 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.				
prior to its praimed rerocation and operations at 72.0 w.n. See Exhibit 1.				
13. By checking Yes, the undersigned certifies that neither applicant no				
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	15. Title of Person Signing			
Alison Minea	Director & Senior Counsel, 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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