## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E150098 – April20 30 Day STA Renewal

oplicant			
Name:	EchoStar BSS Corporation	Phone Number:	202-463-3709
<b>DBA Name:</b>		Fax Number:	
Street:	1110 Vermont Ave NW	E-Mail:	Alison.Minea@dish.com
	Suite 750		
City:	Washington	State:	DC
<b>Country:</b>	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:		<b>Relationship:</b>				
(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 SESSTA2020031000230 or Submission ID						
<ul><li>4a. Is a fee submitted with this application?</li><li>If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</li></ul>						
Governmental Entity ONoncommercial educational licensee						
O Other(please explain):						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station						
5. Type Request						
Use Prior to Grant Change Station Location Other						
V	V		•			
6. Requested Use Prior 1 04/13/2020	Date					
7. CitySummerset		8. Latitu				
		(dd mm	ss.s h) 44 11 14.4 N			

9. State SD	10. Longitude (dd mm ss.s h) 103 20 9.6 W				
11. Please supply any need attachments.					
Attachment 1: Exhibit 1Attachment 2:	Attachment 3:				
12. Description. (If the complete description does not appear in this bo	ox, 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.					
14. Name of Person Signing Alison Minea	15. Title of Person Signing 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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