

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
E980005 – Dec20 30 Day STA Renewal

**1. Applicant**

<b>Name:</b>	EchoStar BSS Corporation	<b>Phone Number:</b>	202-463-3709
<b>DBA Name:</b>		<b>Fax Number:</b>	
<b>Street:</b>	1110 Vermont Ave NW Suite 750	<b>E-Mail:</b>	Alison.Minea@dish.com
<b>City:</b>	Washington	<b>State:</b>	DC
<b>Country:</b>	USA	<b>Zipcode:</b>	20005 –
<b>Attention:</b>	Alison Minea		

<b>2. Contact</b>	
<b>Name:</b> EchoStar BSS Corporation	<b>Phone Number:</b> 202-463-3709
<b>Company:</b>	<b>Fax Number:</b>
<b>Street:</b> 1110 Vermont Ave NW Suite 750	<b>E-Mail:</b> Alison.Minea@dish.com
<b>City:</b> Washington	<b>State:</b> DC
<b>Country:</b> USA	<b>Zipcode:</b> 20005 -
<b>Attention:</b>	<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 SESSTA2020111201242 or Submission ID	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 12/13/2020	
7. CityCheyenne	8. Latitude (dd mm ss.s h) 41 7 56.4 N



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