APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E980005 – April21 30 Day STA Renewal

plicant			
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:				
(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 SESSTA2021031100460 or Submission ID						
	d with this application? d attach FCC Form 159. If No, ii	ndicate reason for fee	exemption (see 47 C.F.R.Section 1.1114).			
Governmental Entity Noncommercial educational licensee						
O Other(please explain):						
4b. Fee Classification	4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request						
Use Prior to Grant Change Station Location Other						
6. Requested Use Prior 04/13/2021	Date					
7. CityCheyenne		8. Lati (dd mi	tude n ss.s h) 41 7 56.4 N			

9. State WY	10. Longitude (dd mm ss.s h) 104 44 10.4 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 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 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 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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