## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E020248 – Oct21 30 Day STA Renewal

| 1. Applicant    |                          |               |                       |
|-----------------|--------------------------|---------------|-----------------------|
| Name:           | EchoStar BSS Corporation | Phone Number: | 202-463-3709          |
| DBA Name        | DBA Name:                |               |                       |
| 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  |   |                      |                        |  |  |  |
|---|---|----------------------|------------------------|--|--|--|
| 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   | r only one.)<br>ber SESSTA2021082701598 or S  | ubmission 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 O Noncommercial educational licensee                    |   |                      |                        |  |  |  |
| • Other(please explain):  |   |                      |                        |  |  |  |
| *   |   |                      |                        |  |  |  |
| 4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station |   |                      |                        |  |  |  |
| 5. Type Request   |   |                      |                        |  |  |  |
| Use Prior to Grant O Change Station Location O Other                        |   |                      |                        |  |  |  |
|   | V   | ige Station Decation |                        |  |  |  |
|   | _   | I                    |                        |  |  |  |
| 6. Requested Use Prior 10/02/2021   | Date  |                      |                        |  |  |  |
| 7. CityBlackhawk  |   | 8. Lati              | udo                    |  |  |  |
|   |   |                      | n ss.s h) 44 11 15.3 N |  |  |  |
|   |   |                      |                        |  |  |  |

| 9. State SD   | 10. Longitude<br>(dd mm ss.s h) 103 20 9.7 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 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 109.9 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<br>Alison Minea  | 15. Title of Person Signing<br>Vice President & Associate General Counsel |  |  |  |  |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).   |   |  |  |  |  |

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