APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: E980005 - 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 ent			e file number or the IB Submission ID of the related	
	ed with this application? nd attach FCC Form 159. If No, i	ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
_	ity Noncommercial education		,	
Other(please expla				
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 10/16/2019	r Date			
7. CityCheyenne		8. Latitude (dd mm 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 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.				
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 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).				

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