APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E170094 – July20 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:			
		he Commission, enter eith	er the file number or the IB Submission ID of the related		
application. Please ente 3. Reference File Num	r only one.) ber SESSTA2020060900628 or S	ubmission ID			
4a. Is a fee submitted with this application?If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).					
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 Char	nge Station Location	• Other		
6. Requested Use Prior	Date				
07/13/2020					
7. CityQuicksburg		8. Latitude	- L) 20 42 22 1 N		
		(dd mm ss.	sh) 38 43 23.1 N		

9. State VA	10. Longitude (dd mm ss.s h) 78 39 57.8 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 be	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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