APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E170094 – Oct20 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							
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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 ei	ther the file number or the IB Submission ID of the related				
application. Please enter only one.) 3. Reference File Number SESSTA2020091101006 or Submission 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 Noncommercial educational licensee							
O Other(please explain):							
-	-						
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station							
5. Type Request							
• Use Prior to Grant	• Char	ige Station Location	• Other				
6. Requested Use Prior	Date						
10/13/2020							
7. CityQuicksburg		8. Latitud					
		(dd mm s	s.s h) 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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