APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E020248 – Dec20 60 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 ente 3. Reference File Num 4a. Is a fee submitted If Yes, complete and	r only one.) ber SESSTA2020100901115 or Section? d with this application? d attach FCC Form 159. If No, it	Submission ID ndicate reason for fee exemption	on (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGX – Fixed Satellite Transmit/I	Receive Earth Station		
5. Type Request				
O Use Prior to Grant O Change Station Location O Other				
6. Requested Use Prior 12/13/2020	Date			
7. CityBlackhawk		8. Latitude (dd mm ss.s h)	44 11 15.3 N	

9. State SD	10. Longitude (dd mm ss.s h) 103 20 9.7 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 60-day special temporary authority to operate earth station for TT&C and feeder link communications with the EchoStar 23 satellite during its relocation to, 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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