## APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: E070014 – July21 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
<b>Country:</b>	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:		<b>Relationship:</b>			
		he Commission, enter	either the file number or the IB Submission ID of the related		
application. Please enter		ubmission ID			
3. Reference File Number SESSTA2021060200900 or Submission 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 ONoncommercial educational licensee					
O Other(please explain):					
-					
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station					
5. Type Request					
	- 01		- 01		
• Use Prior to Grant	O Char	nge Station Location	• Other		
6. Requested Use Prior	Date				
07/02/2021					
7. CityGilbert		8. Latit			
		(dd mm	ss.s h) 33 22 0.8 N		

9. State AZ	10. Longitude (dd mm ss.s h) 111 48 54.7 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 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 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 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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