

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:

30-day Special Temporary Authority to Operate Call Sign E080120 with, and Provide TT&C for EchoStar 15 during relocation to the 44.9 W.L. orbital location.

1. Applicant

Name:	EchoStar Broadcasting Corporation	Phone Number:	202-293-0981
DBA Name:		Fax Number:	
Street:	100 Inverness Terrace East	E-Mail:	
City:	Englewood	State:	CO
Country:	USA	Zipcode:	80112 -
Attention:	Ms. Alison Minea		

2. Contact	
Name:	Pantelis Michalopoulos
Company:	Step toe & Johnson LLP
Street:	1330 Connecticut Avenue NW
City:	Washington
Country:	USA
Attention:	
Phone Number:	202-429-6494
Fax Number:	
E-Mail:	pmichalopoulos@step toe.com
State:	DC
Zipcode:	20036 -
Relationship:	Legal Counsel
(If your application is related to an application filed with the Commission, enter either the file number or the IB Submission ID of the related application. Please enter only one.)	
3. Reference File Number SESMFS2012090600798 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	
☐ Other(please explain):	
4b. Fee Classification CGX – Fixed Satellite Transmit/Receive Earth Station	
5. Type Request	
☐ Use Prior to Grant ☐ Change Station Location ☒ Other	
6. Requested Use Prior Date	
7. CityBlackhawk	8. Latitude (dd mm ss.s h) 41 7 54.4 N

9. State SD	10. Longitude (dd mm ss.s h) 104 44 13.0 W
11. Please supply any need attachments. Attachment 1: Narrative 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.) EchoStar Broadcasting Corporation seeks a 30-day Special Temporary Authority to operate its transmit/receive earth station, E080120, to provide TT&C during its relocation to 45 W.L. See attached narrative.	
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. ☒ Yes ☐ No	
14. Name of Person Signing Alison Minea	15. Title of Person Signing Corporate Counsel
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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