

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

Application for 60-Day STA for BB45 terminals.

1. Applicant

Name:	RiteNet Corp.	Phone Number:	240-505-4996
DBA Name:		Fax Number:	
Street:	1445 Research Blvd Suite 505	E-Mail:	rramineni@ritenet.com
City:	Rockville	State:	MD
Country:	USA	Zipcode:	20850 -6111
Attention:	Mr. Rao Ramineni		

2. Contact	
Name:	Carlos M. Nalda
Company:	LMI Advisors
Street:	2550 M Street, NW, Suite 300
City:	Washington
Country:	USA
Attention:	
Phone Number:	5713325626
Fax Number:	
E-Mail:	cnalda@lmiadvisors.com
State:	DC
Zipcode:	20037 –
Relationship:	Other
(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 or Submission ID IB2019000227	
4a. Is a fee submitted with this application?	
<input checked="" type="radio"/> If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other(please explain):	
4b. Fee Classification CGB – Mobile Satellite Earth Stations	
5. Type Request	
<input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other	
6. Requested Use Prior Date 02/06/2019	
7. CityVarious	8. Latitude (dd mm ss.s h) 0 0 0.0

9. State	10. Longitude (dd mm ss.s h) 0 0 0.0
11. Please supply any need attachments. Attachment 1: Narrative Attachment 2: Form 312 Schedule B Attachment 3: Technical Appendix	
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.) <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> Application for 60-Day STA for BB45 terminals. </div>	
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. <div style="text-align: right;"> <input checked="" type="radio"/> Yes <input type="radio"/> No </div>	
14. Name of Person Signing Rao Ramineni	15. Title of Person Signing President
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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