

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

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

30-day STA Fairbanks-Sherpa AC1

**1. Applicant**

|                   |                         |                      |                         |
|-------------------|-------------------------|----------------------|-------------------------|
| <b>Name:</b>      | RBC Signals, LLC        | <b>Phone Number:</b> | 404-803-7734            |
| <b>DBA Name:</b>  |                         | <b>Fax Number:</b>   |                         |
| <b>Street:</b>    | 2205 152nd Ave NE       | <b>E-Mail:</b>       | crichins@rbcsignals.com |
| <b>City:</b>      | Redmond                 | <b>State:</b>        | WA                      |
| <b>Country:</b>   | USA                     | <b>Zipcode:</b>      | 98052 -                 |
| <b>Attention:</b> | Mr. Christopher Richins |                      |                         |

|                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Contact</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |
| <b>Name:</b> Carlos Nalda<br><b>Company:</b> LMI Advisors<br><b>Street:</b> 2550 M Street NW<br>Suite 344<br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Attention:</b> Mr. Carlos Nalda                                                                                                                                                           | <b>Phone Number:</b> 5713325626<br><b>Fax Number:</b><br><b>E-Mail:</b> cnalda@lmiadvisors.com<br><b>State:</b> DC<br><b>Zipcode:</b> 20037 –<br><b>Relationship:</b> 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.)<br>3. Reference File Number or Submission ID                                                                                                                          |                                                                                                                                                                             |
| 4a. Is a fee submitted with this application?<br><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).<br><input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee<br><input type="radio"/> Other (please explain): |                                                                                                                                                                             |
| 4b. Fee Classification    CGX – Fixed Satellite Transmit/Receive Earth Station                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |
| 5. Type Request<br><br><input checked="" type="radio"/> Use Prior to Grant <input type="radio"/> Change Station Location <input type="radio"/> Other                                                                                                                                                                                                        |                                                                                                                                                                             |
| 6. Requested Use Prior Date<br>05/25/2022                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                             |
| 7. City Fairbanks                                                                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h)    64   51   30.9   N                                                                                                                         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 9. State    AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10. Longitude<br>(dd mm ss.s h)    147    50    6.8    W |
| 11. Please supply any need attachments.<br>Attachment 1: Narrative                      Attachment 2: Rad Haz Report                      Attachment 3: Form 312 Schedule B                                                                                                                                                                                                                                                                                                                             |                                                          |
| 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.)<br><div style="border: 1px solid black; padding: 10px; min-height: 100px;"> 30-day STA to provide TT&amp;C to Sherpa-AC1. </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. <input checked="" type="radio"/> Yes <input type="radio"/> No |                                                          |
| 14. Name of Person Signing<br>Christopher Richins                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 15. Title of Person Signing<br>CEO                       |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT<br>(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION<br>(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).                                                                                                                                                                                                                       |                                                          |

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