

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:  
STA- 6.0m Deadhorse, Alaska TMR and GHOS-1&2

**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 M. Nalda<br><b>Company:</b> LMI Advisors<br><b>Street:</b> 2550 M St. NW<br>Suite 300<br><b>City:</b> Washington<br><b>Country:</b> USA<br><b>Attention:</b> Mr. Carlos M. Nalda                                                                                                                                                       | <b>Phone Number:</b> 571-332-5626<br><b>Fax Number:</b><br><b>E-Mail:</b> cnalda@lmiadvisors.com<br><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                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                   |
| 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>04/11/2023                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                   |
| 7. CityDeadhorse                                                                                                                                                                                                                                                                                                                                           | 8. Latitude<br>(dd mm ss.s h) 70 12 42.0 N                                                                                                                                        |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 9. State AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 10. Longitude<br>(dd mm ss.s h) 148 24 43.0 W |
| 11. Please supply any need attachments.<br>Attachment 1: Narrative Attachment 2: Draft 312 Schedule B 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.)<br><div style="border: 1px solid black; padding: 5px;"> STA to provide TT&amp;C support for various satelllites from Deadhorse, Alaska with a 6.0m dish </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<br>Christopher Richins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15. Title of Person Signing<br>President      |
| 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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