

APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu:
STA- 4.5m Deadhorse, Alaska TMR and GHOS-1&2

1. Applicant

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

2. Contact	
Name: Carlos M. Nalda Company: LMI Advisors Street: 2550 M St. NW Suite 300 City: Washington Country: USA Attention: Mr. Carlos M. Nalda	Phone Number: 571-332-5626 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	
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	
5. Type Request ☒ Use Prior to Grant ☐ Change Station Location ☐ Other	
6. Requested Use Prior Date 04/11/2023	
7. City Deadhorse	8. Latitude (dd mm ss.s h) 70 12 44.6 N

9. State AK	10. Longitude (dd mm ss.s h) 148 24 39.5 W
11. Please supply any need attachments. 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.) STA to provide TT&C support for various satelllites from Deadhorse, Alaska with a 4.5m dish	
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 Christopher Richins	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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