APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY

APPLICANT INFORMATIONEnter a description of this application to identify it on the main menu: 180–day STA (Sherpa–Fairbanks)

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 Nalda	Phone Number:	6099021670	
Company:	LMI Advisors	Fax Number:		
Street:	2550 M Street NW	E-Mail:	jdavila@lmiadvisors.com	
	Suite 344			
City:	Washington	State:	DC	
Country:	USA	Zipcode:	20037 –	
Attention:		Relationship:	Other	
application. Please ento 3. Reference File Num 4a. Is a fee submitte If Yes, complete and Governmental Ention Other(please expla)	er only one.) aber or Submission ID ad with this application? ad attach FCC Form 159. If Note that the submission ID ad with this application? ad attach FCC Form 159. If Note that the submission ID ad attach FCC Form 159. If Note that the submission ID ad attach FCC Form 159. If Note that the submission ID ad attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note that the submission ID add attach FCC Form 159. If Note the submission ID add attach FCC Fo	No, indicate reason for fee exemptio rational licensee	e file number or the IB Submission ID of the related in (see 47 C.F.R.Section 1.1114).	
4b. Fee Classification	CGB – Mobile Satellite Earth	n Stations		
5. Type RequestUse Prior to Grant	•	Change Station Location	Other	
6. Requested Use Prior 06/01/2021	Date			
7. CityFairbanks		8. Latitude (dd mm ss.s h)	64 51 31.0 N	

9. State AK	10. Longitude (dd mm ss.s h) 147 50 7.0 W				
11. Please supply any need attachments.					
Attachment 1: Narrative Attachment 2: Draft Fo	orm 312 Sch 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.)					
180-day STA for receive-only telemetry.					
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.					
14. Name of Person Signing Christopher Richins	15. Title of Person Signing CEO				
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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