

OBJECTION

INFORMATION ABOUT YOUR ORGANIZATION:

Please provide complete information regarding your organization:

Name: _____
Address: _____

Please provide the following information about the individual the RPC should contact regarding this Objection:

Name: _____
Title: _____
Address: _____

Telephone: _____
Fax: _____
Email: _____

INFORMATION ABOUT YOUR OBJECTION:

For incumbent space station operators, incumbent earth station operators, incumbent fixed service licensees (or surrogates performing work on their behalf), or programmers (designated by incumbent space station operators):

The Objection relates to a claim for reimbursement or lump sum payment submitted by your organization on: _____.

The designated identification number of your organization's claim for reimbursement or lump sum payment: _____.

The RPC-assigned number for the invoice presented to overlay licensees that includes your organization's relocation costs to which this objection relates: _____.

Please: identify the relocation costs disallowed by the RPC to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief:

-
- The Objection relates to a matter not identified above. Please describe the matter to which the Objection relates:

For Overlay Licensees:

- The Objection relates to (check all that apply):
- A claim for reimbursement of relocation costs or lump sum payment submitted by an incumbent space station operator, incumbent earth station operator, incumbent fixed service licensee (or surrogate performing work on behalf of these incumbents), or programmers (designated by incumbent space station operators).

The designated identification number for the claim for reimbursement or lump sum payment to which your organization objects: _____.

The RPC-assigned number for the invoice that includes the claim for reimbursement or lump sum payment to which this objection relates: _____.
 - A dispute initiated by an incumbent space station operator, incumbent earth station operator, incumbent fixed service licensee (or surrogate performing work on behalf of these incumbents), or programmers (designated by incumbent space station operators) challenging the RPC's determination regarding the reimbursement of the claimant's relocation costs (or payment of a lump sum claim).

The designated identification number for the claim for reimbursement or lump sum payment to which your organization objects: _____.

The RPC-assigned number for the invoice that includes the claim for reimbursement or lump sum payment to which this objection relates: _____.
 - The apportionment of relocation costs among overlay licensees.
 - The pro rata share of overlay licensees for accelerated relocation payments.
 - A six-month estimate of relocation costs.
 - An invoice of approved reimbursement and lump sum claims.
 - Any other payment or cost-sharing obligation.

Please: identify the apportionment of relocation costs, pro rata share of accelerated relocation payments, six-month estimate of transition costs, invoice of approved reimbursement and lump sum claims, or other payment or cost-sharing obligation to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief:

- The Objection relates to a matter not identified above. Please describe the matter to which the Objection relates:

Signature

Printed name

Date

OBJECTION

Name: _____

Date: _____

If needed, please provide additional information regarding your objection on this page.

INSTRUCTIONS FOR COMPLETING THE OBJECTION FORM

The Federal Communications Commission (“FCC”) has directed the Relocation Payment Clearinghouse (“RPC”) to assist C-band stakeholders in resolving financial disputes that may arise during the course of the reconfiguration of the C-band. The FCC’s rules require “parties disputing a cost estimate, cost invoice, or payment or cost-sharing obligation” to file an objection with the RPC.

Before filing an objection with the RPC, you should review the RPC’s Dispute Resolution Plan.

In completing this objection form, please provide the following:

1. Information About You
 - The legal name and complete address of the organization for which you are submitting the objection.
 - Complete contact information for the individual the RPC should contact regarding the objection.
2. Information About Your Objection – C-band Incumbents
 - The date on which the claim for reimbursement or lump sum payment that is being disputed was submitted to the RPC.
 - The designated number of the claim for reimbursement or lump sum payment that is being disputed.
 - The RPC-assigned number of the invoice presented to overlay licensees that includes the claim for reimbursement or lump sum payment that is being disputed.
 - The relocation costs disallowed by the RPC to which your organization objects, a brief statement of the grounds for the objection, and the requested relief.
 - Information regarding the basis for the objection if it does not relate to a claim for reimbursement or lump sum payment.
3. Information About Your Objection – Overlay Licensees
 - Check the box that best describes the nature of your objection. Please check all boxes that apply.
 - If applicable, the designated number of the claim for reimbursement or lump sum payment that is being disputed.
 - If applicable, the RPC-assigned number of the invoice provided to you that includes the claim for reimbursement or lump sum payment that is being disputed.
 - The payment or cost-sharing obligation to which your organization objects, a brief statement of the grounds for the objection, and the requested relief.
 - Information regarding the basis for the objection if it does not relate to a payment or cost-sharing obligation.
4. Date – The date that this form was completed in mm/dd/yyyy format.
5. Your completed and signed objection should be submitted in PDF format to the RPC at RPCDisputes@squirepb.com.