

**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:
  - The RPC's determination regarding a claim for reimbursement or lump sum payment submitted by your organization on: \_\_\_\_\_.

The claim number you assigned to your organization's claim for reimbursement or lump sum payment: \_\_\_\_\_.

The RPC-assigned Coupa ID number of your organization's claim for reimbursement or lump sum payment: \_\_\_\_\_.

The RPC-assigned number and date of the invoice presented to overlay licensees that includes your organization's relocation costs or lump sum payment to which this objection relates: \_\_\_\_\_.

Please: identify the relocation costs or lump sum payment disallowed by the RPC to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief (but do not include any confidential information):

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- A dispute in which you elect to participate that was initiated by an overlay licensee challenging the RPC's determination regarding the reimbursement of your relocation costs (or payment of a lump sum claim).

The name of the overlay licensee initiating the dispute: \_\_\_\_\_.

The claim number you assigned to the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

The RPC-assigned Coupa ID number of the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

The RPC-assigned number and date of the invoice presented to overlay licensees that includes the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

- 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):
  - The RPC's determination regarding a claim for reimbursement of relocation costs 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), or a claim for lump sum payment submitted by an incumbent earth station operator.

The claim number of the claim for reimbursement or lump sum payment to which your organization objects: \_\_\_\_\_.

The RPC-assigned Coupa ID number of the claim for reimbursement or lump sum payment to which your organization objects: \_\_\_\_\_.

The RPC-assigned number and date of the invoice presented to overlay licensees that includes the claim for reimbursement or lump sum payment to which this objection relates: \_\_\_\_\_.

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

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- The RPC's determination regarding:
    - 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.
    - Other payment or cost-sharing obligation.

Please: identify the apportionment of relocation costs; pro rata share of accelerated relocation payments; six-month estimate of relocation costs; or other payment or cost-sharing obligation (including the amount) to which your organization objects; provide a brief statement of the grounds for the objection; and state your requested relief:

- A dispute in which you elect to participate that was 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 name of the C-band Incumbent initiating the dispute: \_\_\_\_\_.

The claim number of the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

The RPC-assigned Coupa ID number of the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

The RPC-assigned number and date of the invoice presented to overlay licensees that includes the claim for reimbursement or lump sum payment that is the subject of the dispute: \_\_\_\_\_.

- A dispute in which you elect to participate that was initiated by another overlay licensee challenging the RPC's determination regarding the apportionment of relocation costs among overlay licensees, pro rata share of overlay licensees for accelerated relocation payments, six-month estimate of relocation costs, or other payment or cost-sharing obligation.

The name of the overlay licensee initiating the dispute: \_\_\_\_\_.

The date of the Objection filed by the overlay licensee initiating the dispute: \_\_\_\_\_.

Please: identify the apportionment of relocation costs; pro rata share of accelerated relocation payments; six-month estimate of relocation costs; or other payment or cost-sharing obligation (including the amount) that is the subject of the dispute in which you elect to participate:

A matter not identified above. Please describe the matter to which the Objection relates:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

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**OBJECTION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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



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## **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 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 claim number you assigned to your organization’s claim for reimbursement or lump sum payment that is being disputed.
  - The RPC-assigned Coupa ID number of your organization’s claim for reimbursement or lump sum payment that is being disputed.
  - The RPC-assigned number and date of the invoice presented to overlay licensees that includes the claim for reimbursement or lump sum payment that is being disputed.
  - The relocation costs or lump sum payment disallowed by the RPC to which your organization objects.
  - A brief statement of the grounds for the objection, and the requested relief.
  - Information about the dispute initiated by an overlay licensee challenging the RPC’s determination regarding the reimbursement of your relocation costs (or payment of a lump sum claim) in which your organization elects to participate.
  - Information regarding the basis for the objection if it does not relate to a claim for reimbursement or lump sum payment or an election to participate in a dispute.
  - Do not include any confidential information.
  
3. **Information About Your Objection – Overlay Licensees**
  - The designated number of the claim for reimbursement or lump sum payment that is being disputed.
  - The RPC-assigned Coupa ID number of the claim for reimbursement or lump sum payment that is being disputed.
  - The RPC-assigned number and date 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 (including the amount), a brief statement of the grounds for the objection, and the requested relief.
  - Information about the dispute initiated by a C-band Incumbent challenging the RPC’s determination regarding the reimbursement of the claimant’s relocation costs (or payment of a lump sum claim) in which your organization elects to participate.
  - Information about the dispute initiated by another overlay licensee challenging the RPC’s determination (e.g., regarding the apportionment of relocation costs among overlay licensees, pro rata share of overlay licensees for accelerated relocation payments, six-month estimate of relocation costs, or other payment or cost-sharing obligation) in which your organization elects to participate.
  - Information regarding the basis for the objection if it does not relate to a payment or cost-sharing obligation or an election to participate in a dispute.
  
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](mailto:RPCDisputes@squirepb.com).