

Approved by OMB
3060-0944



CABLE LANDING LICENSE APPLICATION (FCC Form 220)
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APPLICANT INFORMATION

Note: Use only standard punctuation. Please do not use special characters - such as ';' - in any of the fields below!

Enter a description of this application to identify it on the main menu:

1. Applicant	
Name: <input style="width: 80%;" type="text"/>	Phone Number: <input style="width: 20%;" type="text"/>
DBA Name: <input style="width: 80%;" type="text"/>	Fax Number: <input style="width: 20%;" type="text"/>
Street: <input style="width: 80%;" type="text"/>	E-Mail: <input style="width: 20%;" type="text"/>
City: <input style="width: 80%;" type="text"/>	State: VA
Country: <input style="width: 80%;" type="text"/>	Zipcode: 22043 -
Attention: <input style="width: 80%;" type="text"/>	
2. Contact	
Name: <input style="width: 80%;" type="text"/>	Phone Number: <input style="width: 20%;" type="text"/>
Company: <input style="width: 80%;" type="text"/>	Fax Number: <input style="width: 20%;" type="text"/>
Street: <input style="width: 80%;" type="text"/>	E-Mail: <input style="width: 20%;" type="text"/>
City: <input style="width: 80%;" type="text"/>	State: <input style="width: 20%;" type="text"/>
Country: <input style="width: 80%;" type="text"/>	Zipcode: <input style="width: 20%;" type="text"/>
Attention: <input style="width: 80%;" type="text"/>	Relationship: <input style="width: 20%;" type="text"/>
3. Place of Incorporation of Applicant <input style="width: 80%;" type="text"/>	
4. Other Company(ies) and Place(s) of Incorporation	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	
<input style="width: 100%; height: 20px;" type="text"/>	

5. Destination Country(ies)	
6. Caption (description of authority requested, e.g., Application for a License to Land and Operate a Fiber Optic Submarine Cable System between the United States, Country A and Country B.)	
7. Is a fee submitted with this application?	
<input 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).	
<input type="radio"/> Governmental Entity <input type="radio"/> Noncommercial educational licensee	
<input type="radio"/> Other (please explain):	
8. Will the cable system be operated on a common carrier basis? <input type="radio"/> Yes <input type="radio"/> No	
If yes, provide the File Number _____ of the associated Section 214 application for the construction and operation of new facilities.	
9. In Attachment I, provide the information and certifications required by 47 C.F.R. Section 1.767(a).	

CERTIFICATIONS

10. 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. <i>See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.</i>	<input type="radio"/> Yes <input type="radio"/> No	
11. Typed Name of Person Signing	12. Title of Person Signing	
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).		
13. 1: Attachment	2: Attachment	3: Attachment

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