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**Qualifications:** *(Use additional sheets if necessary):*

*Detail any prior relevant qualifying experience as well as how you plan to conduct settlements. Your statement should provide sufficient information for the Commission to determine if you are qualified to perform settlements.*

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Will you be settling accounts for U.S. licensed vessels?    Yes     No

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**Structure of Company or Corporation** *(Use additional sheets if necessary):*

*Please provide a brief summary describing the structure of your settlement operation as it relates to your overall company or corporate structure. Provide a copy of your Articles of Incorporation and/or Bylaws.*

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**PROJECTED STAFFING:**  
*(Settlement Function Only)*

Number of Full-Time Employees: \_\_\_\_\_

Number of Part-Time Employees: \_\_\_\_\_

**Evidence of Financial Responsibility:** All applicants who intend to settle accounts for U.S. licensed ship stations must provide evidence of their financial responsibility. Data to support your claim may consist of a formal financial statement or other documentation that proves all assets, liabilities, income and expenses.

Type of evidence provided:

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**Projected Dollar Amount of Settlements to be Paid to Foreign Administrations on Behalf of U.S.**

Licensed Vessels During the Remainder of the Current Calendar Year:

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By virtue of my signature below, I hereby make application of the Federal Communications Commission to become an Accounting Authority. I have responded to all items on this application honestly and completely. I understand that should I be approved to be an Accounting Authority, I must adhere to all applicable FCC policies and rules, the International Telecommunications Regulations (ITR), and other rules, regulations, agreements, and where applicable, ITU-T Recommendations, (47 CFR 3.43 of the Commission rules). I also acknowledge that I will submit to the FCC all required information reports in a timely manner and that I will meet all financial responsibility requirements. I agree to cooperate with the FCC on any matter and agree to be audited when deemed appropriate by the FCC. I further acknowledge that I may not trade, resign, sell or otherwise transfer my authority to act as an Accounting Authority without the express approval of the FCC and that I may not be assigned more than one Accounting Authority Identification Code. I agree to maintain my processing operation within the United States unless I am an existing foreign Accounting Authority applying to settle accounts of U.S. licensed vessels. Should I cease to function as an Accounting Authority, I agree to notify the FCC immediately. I agree to maintain acceptable complaint resolution procedures and to notify the FCC immediately should I receive notice of any refusal of a foreign administration/facility to handle legitimate telecommunications between U.S. licensed vessels and the foreign entity.

I acknowledge that I am familiar with FCC Rule Part 3 concerning sanctions and grounds for forfeiture or suspension or cancellation of an Accounting Authority's certification.

Signed and Dated this Day:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 3 of the Commission's Rules authorized the FCC to request the information on this application. The purpose of the information is to determine your eligibility for certification as an Accounting Authority. The information will be used by FCC staff to evaluate the application, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of Accounting Authorities. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available to the public. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average three hours per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Federal Communications Commission, Records Management Branch, AMD-IM, Washington, DC 20554, Paperwork Reduction Project (3060-0585).

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Information requested on; or, in connection with this form will be available for inspection by the public.

NOTE: In addition to the information required by this form, the Commission will request any additional information which may be necessary for consideration of this application.