* Indicates required

FCC 427

Application for International High Frequency Program Test Authority

FOR OFFICIAL USE ONLY

Approved by OMB: 3060-1035
Estimated time per response: 2 hours
Edition Date: April 2023

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DRAFT-IHF-LIC-20230421-00022

1. Applicant Information

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

Zip Code/Postal Code

Country

☐ Contact same as Applicant

2. Contact Information

FRN

*Name

*Attention

Doing Business As (DBA)

*Title

*Street Address

*Phone

Street Address 2

Fax

*City

*Email

*State

*Relationship

-- None --

*Zip Code/Postal Code

*Country

Application Information

3. Brief Application Description

Begin Date

YYYY-MM-DD

End Date

YYYY-MM-DD

Waivers

*Does the Applicant request a waiver(s) of the Commission's rules?

Yes No

Confidential Treatment of Attachments

*Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

Yes No

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				

Attach File

Certification Statements and Acknowledgements

*In submitting this form

• The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits, pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 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. This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal, State or local governmental entities or subdivisions thereof. *See* 47 CFR § 1.2002(c).

• The Applicant confirms its understanding that it hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

• The Applicant confirms its understanding that it represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

• The Applicant acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as is set out in full the application.

• The Applicant certifies that all of its statements made in this Application and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

*First Name

MI

*Last Name

Suffix

*Title

*Signature

Date

2023-04-28

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL
OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

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 LICENSE OR CONSTRUCTION PERMIT
(U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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Required information

FRN | Name | Street Address | City | State | Zip Code/Postal Code | Country | Attention | Title | Phone | Email | Relationship | Does the Applicant request a waiver(s) of the Commission's rules? | Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules? | In submitting this form | First Name | Last Name | Title | Signature

Add attachments