



FCC 311- IBFS

Approved by
OMB No.3060-
1035
Estimated time
per response:
2 hours
Edition Date:
April 2023

APPLICATION FOR RENEWAL OF AN INTERNATIONAL HIGH FREQUENCY BROADCAST STATION LICENSE FOR OFFICAL USE ONLY

[See Instructions](#)  [Print Form](#) 

License File Number

1. Applicant Information

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

*Applicant/Licensee Legal Entity Type

Contact Same as Applicant

2. Contact Information

FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

Relationship

Same	<input type="checkbox"/>
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3. Renewal requested for the following facility:

License File Number

<input type="text"/>	<input type="checkbox"/>
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Call Sign

<input type="text"/>	<input type="checkbox"/>
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***4. Have there been any changes to the current license authorization for this call sign?**

Yes No

Application Fees

*Will a fee be paid?

Yes No

* 1b. If yes, select the appropriate fee code for the application

Waivers

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

Yes No

Confidential Treatment of Attachments

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

Yes No

The Applicant acknowledges it must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information : Link to section 0.459 of the Commission's rules

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1a. The Applicant also acknowledges it must upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s).

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

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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, 47 CFR § 1.2002(c)."

• 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

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).

Save as Draft

Review & Submit
