

* 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

Save as Draft

See Instructions Print Form

Review to Submit

Selects 310 form

DRAFT-IHF-LIC-20230421-00022

1. Applicant Information

Form fields for Applicant Information including FRN, Name, Attention, Title, Street Address, Phone, Fax, Email, State, Zip Code/Postal Code, and Country.

Contact same as Applicant

2. Contact Information

Form fields for Contact Information including FRN, Name, Attention, Title, Street Address, Phone, Fax, Email, Relationship, State, Zip Code/Postal Code, and Country.

Application Information

3. Brief Application Description

[Empty input field]

Begin Date

End Date

YYYY-MM-DD

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

[Input field]

[Input field]

* Last Name

Suffix

[Input field]

[Input field]

* Title

[Input field]

* Signature

Date

[Input field]

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)

Save as Draft

Review to Submit

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