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\* Indicates required

FCC 308

# APPLICATION FOR PERMIT TO DELIVER PROGRAMS TO FOREIGN BROADCAST STATIONS FOR OFFICAL USE ONLY

Approved by  
OMB No.  
3060-1133  
Estimated time  
per response:  
0.75 - 1.5 hours  
Edition date:  
**March 2023**

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

## 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

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

\*3. Legal Identity of Applicant:

- Individual    Partnership    Corporation    Government Entity
- Unincorporated Association    Other

\*4. Application is for:

- New Authorization    Extension of Existing Authority

5. If Applicant is an individual, is applicant a citizen of the United States?

- Yes    No

6. If Applicant is a partnership, are all partners citizens of the United States:

- Yes    No

### **7. If Applicant is a corporation:**

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a. Under laws of what state was it organized:

b. Is more than one-fifth of the capital stock of the corporation owned of record or may it be voted by aliens or their representatives or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

Yes  No

c. Is any officer or director of the corporation an alien?

Yes  No

d. Is Applicant directly or indirectly controlled by any other corporation?

Yes  No

e. Is more than one-fourth of the capital stock of the controlling corporation either owned of record, or may it be voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

Yes  No

f. Is any officer or more than one-fourth of the directors of the corporation an alien?

Yes  No

g. Is the above-described controlling corporation in turn a subsidiary?

Yes  No

### **8. a. If the Applicant is an unincorporated association, give the following:**

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Total number of members

Number of Alien Members (if any)

\*9. a. What is Applicant's principal business?

\*b. Does Applicant or any party to this application have any interest in, or connection with, any AM, FM, or TV broadcast station (either domestic or foreign), or any application pending before the Commission?

Yes  No

\*10. Is Applicant a representative of an alien or of a foreign government?

Yes  No

\*11. a. Has any radio station authorization previously issued to the Applicant or party to this application been revoked, either by the Commission or by any court?

Yes  No

\*b. Has any previous Application by the applicant or party to this application been denied by the Commission or by a predecessor agency?

Yes  No

\*12. a. Has Applicant or any party to this application been found guilty of any felony by any court?

Yes  No

\*b. Has Applicant or any party to this application been finally adjudged guilty by a federal court of the violation of the laws of the United States relating to unlawful monopoly, restraint of trade, and or unfair methods of competition?

Yes  No

\*13. a. Address of studio or other place at which programs will originate:

\*b. Telephone contact number:

\*c. Email address:

\*14. State ownership of originating facilities:

15. a. Describe the means whereby programs will be delivered to foreign station(s), including the names of any interconnecting common carriers. Means of Transmissions include but are not limited to the following:

- Dedicated Wireline
- Internet (IP)
- Public Switched Telephone Network (PSTN)
- Private Microwave
- Private Radio (remote pickup)
- Common Carrier Microwave

- Common Carrier Radio  
 Satellite  
 Or combination of methods

b. List all call signs of private transmitters in the United States:


Add
Remove All

Actions	Call Sign	Company Name
No data to display		


16. Coordinated foreign station to which programs will be provided:

- AM Station  
 FM Station  
 TV Station


17. Attach as Exhibit 17 a full explanation of the legal relationship between the Applicant and foreign station(s) involved, including a copy of contract (if any) with foreign station(s).

Attach File 

18. a. Attach as Exhibit 18a a statement as to whether program deliveries are to be intermittent or regularly scheduled, and the average number of hours, per day week and or month during which the foreign station(s) involved will broadcast such programs.

Attach File 

b. Attach as Exhibit 18b a detailed description of the nature and character of the programming proposed and the language to be employed.

Attach File 

## **Certification Statements and Acknowledgements**

19. By checking here, the applicant certifies the following:
- 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 of 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 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.

\*20. Equal Employment Opportunity (EEO). If the Applicant proposes to employ five or more full-time employees, Applicant certifies that it is filing simultaneously with this Applicant a Model EEO Program Report on FCC Form 396-A.

- Yes  No

## Application Fees

21. Will a fee be paid?


- Yes  
 No

## Waivers

\*22. Does the Applicant request a waiver(s) of the Commission's rules?

- Yes  
 No

## Confidential Treatment of Attachments

23. Is the Applicant requesting confidential treatment of any part of this filing under section 0.459 of the Commission's rules? 

- Yes  No

24. The Applicant has uploaded a statement explaining the confidential treatment request(s) and identifying the rule(s) involved, along with other material information.

25. The Applicant has uploaded the attachments listed below

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

Attach File 

## Certification

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27. Party Authorized to Sign

First Name

MI

Last Name

Suffix

Title

Signature

Date

FAILURE TO SIGN THIS APPLICATION 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 (US Code, Title 18, Section 1001),  
AND/OR REVOCATION OF ANY STATION AUTHORIZATION  
(US Code, Title 47 Section 312(a)), AND/OR FORFEITURE (US Code, Title 47 Section 503)

Allow Internal Users to View Draft if in Draft State

Save as Draft

Review to Submit



## Required information

FRN

Name

Street Address

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Email

Relationship

3. Legal Identity of Applicant:

4. Application is for:

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