

**Instructions for  
Recognized Operating Agency Waiver  
Application  
Office of International Affairs**

**ROA-WAV  
GENERAL INSTRUCTIONS**

**Purpose of Form**

This form is used to request waiver of the Recognized Operating Agency (ROA) requirements of [section 63.701](#) of the Federal Communications Commission's (Commission) rules, 47 CFR § 63.701. The term ROA is defined by the International Telecommunication Union (ITU) in paragraph 1008 of the Annex to the [Constitution of the ITU](#). This form should only be used only by entities that have already been designated as ROA by the U.S. Department of State (State Department) and are seeking a waiver post-designation.

The information is used by the Commission to determine both whether to grant the waiver request and whether to provide the State Department with any additional information for its records.

**Who Must File This Form and When**

Providers of telecommunications services, enhanced service providers, and operators of radio facilities licensed under Title III of the Act that are already designated as a ROA and that wish to apply for waiver of [section 63.701](#) of the Commission's rules must file this application.

**Description of Form**

This form consists of a main form and the ability to file an attachment to support the request. The Applicant is encouraged to upload a single document in machine readable format, including all required information. The Applicant must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

**Information Current and Complete**

Information filed in the application with the Commission must be kept current and complete under [section 1.65](#) of the Commission's rules, 47 CFR § 1.65. The Applicant or the party to the application must notify the Commission regarding any substantial and significant changes in the information furnished in the application while it remains pending.

- **ROA Amendment Form**
  - A pending waiver or new request for ROA designation can be amended by filing the amendment form. [\[link to form\]](#).

**Applicable Rules and Regulations**

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The ROA filing requirements can be found in [section 63.701](#) of the Commission's rules.

Applicants should refer to the Debt Collection Improvement Act of 1996. The Debt Collection Act requires all federal agencies ensure that no debtors to the Federal government obtain any licenses or other benefits from the FCC. To ensure this, the Commission must collect FRN information to correlate its Applicants with any outstanding Federal debt that they might have incurred in other dealings with the Federal government. For additional information, press on the FCC's Debt Collection webpage, <https://www.fcc.gov/licensing-databases/fees/debt-collection-improvement-act-implementation>.

## Other ROA Forms

- **ROA New Form**
  - This is the application for requesting designation as an ROA. [\[link to form\]](#).

## FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information will take a total of 3 hours (1.5 hours for in-house staff and 1.5 hours for outside counsel). Our estimate includes the time for in-house staff to read the instructions, look through existing records, gather and maintain the required data, and complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-0357), Washington, DC 20554. Please **DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS**.

The Applicant is not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0404. This notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. Section 3507.

## For Assistance

For assistance with completing the forms, contact Office of International Affairs, Telecommunications and Analysis Division at [OIA\\_TAD@fcc.gov](mailto:OIA_TAD@fcc.gov) or at (202) 418-1480.

## FILING INSTRUCTIONS FOR MAIN ROA-AMD FORM

### **Applicant Information**

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with Applicant’s FCC Registration Number (FRN).

When the Applicant enters its FRN, the Applicant Information will pre-populate with its FRN data in CORES. To modify these pre-populated data, update the data associated with the FRN in CORES. [[Link to CORES](#)]

Enter any missing data and sections that are not already populated from CORES, such as the “legal entity type” or “Doing Business As (DBA)” name.

### **Contact Information**

Item 2. Identify the contact representative, if different from the Applicant. The contact information can be imported automatically from CORES if the Applicant supplied an FRN, but fields are still editable.

If the contact representative is the same as the person indicated in Item 1, then check the box “Same as Applicant.” If the contact representative is not the same as the Applicant, provide the requested information.

- Provide the name of a person in your organization, your outside counsel, or other representative whom we can contact if there are questions regarding your application. This person should have decisional authority over the contents of your application.
- Provide the Company name if different from the “Applicant” name in Item 1 or repeat “Company” name here.
- Provide the contact representative’s address, phone number, fax number, and email.
- Provide your “Doing Business As (DBA)” name. If the Applicant is not operating its business using a DBA, you may leave this section blank.
- Indicate how the contact person is related to the Applicant. For example, indicate that the “contact is outside counsel” or “contact is a corporate officer of the applicant.”

### **Application Information**

Item 3. Provide a short description of what you want waived and why. For example, state “This is an application for waiver of Section 63.701(g) of the Commission’s rules.”

### **Application Fees**

#### **Item 4.**

An application fee is required for this form. If you are exempt from the application fee select “No.” Otherwise, select “Yes.”

**Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid.** To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC’s website at <http://www.fcc.gov/fees>, by calling the FCC’s Form

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Distribution Center at (800) 418-FORM (3676), or from the FCC's Fax Information System by dialing (202) 418-0177.

### Items 4a and 4b.

If the Applicant answered "Yes" to question 13, it must select the correct fee code here in question 4b. The fee code is DAF. Select this fee code.

If the Applicant is claiming a fee exemption it must select a reason in question 4a. An attachment demonstrating the Applicant's eligibility for exemption from FCC application fees must be submitted. If the reason is "other," briefly describe your rationale in the text box provided. If a request for waiver/deferral of the FCC application fees has been filed with the FCC, provide the date-stamped copy of the request filed with the Commission's Office of the Managing Director as an attachment.

### Attachments

Item 5. The Applicant must verify by checking the box that it has prepared and uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information, as needed.

### Attachments/Confidential Treatment of Attachments

Item 6. If the Applicant is requesting confidential treatment for any of its attachments, answer this question "yes." Otherwise, answer "no." If the Applicant answers "yes" in Item 15, then it must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section which follows below.

The Applicant(s) can upload attachments in this section of the application. The Applicant(s) will identify the attachment(s) with a short name for easy identification of the information included in each attachment.

**Note:** Each document required to be filed as an attachment should be current as of the date of filing. Each page of every attachment must be identified with the number or letter, the number of the page, and the total number of pages.

In this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can describe the attachment. Also after uploading, the Applicant can click the confidential treatment button next the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment and a public supporting statement justifying the confidentiality request. Identify in the attachment the applicable rule(s) and provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

### Certification Statements

Item 7. Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include:

- **Submission of all statements and exhibits to support this waiver request.** All applicants for

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waiver must certify that they have submitted all statements and exhibits to support the waiver request.

- **Section 5301 of the Anti-Drug Act of 1988 certification.** All applicants must certify that neither they 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 Act of 1988, 21 U.S.C. Section 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.
- **Application is true and correct.** All applicants must certify that all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

## Party Authorized to Sign

Item 8. Enter all of the requested information. Willful false statements are punishable by fine and or/imprisonment (U.S. Code, Title 18, Section 1001). By signing this, you certify that you are a party authorized to sign and all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Enter the title of the person signing the application. If the applicant is a corporation or other business entity, the person submitting the application must be an officer.

The date will be auto filled on the day of submission.

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