Not Yet Approved by OMB

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Estimated Time per Response – 6 hours

One-Time Information Collection for

International Section 214 Authorization Holders

In the *Evolving Risks Order and Notice of Proposed Rulemaking* ([FCC 23-28](https://docs.fcc.gov/public/attachments/FCC-23-28A1.pdf)), the Federal Communications Commission (FCC) adopted an order requiring all International Section 214 Authorization Holders (Authorization Holders) to respond to a one-time collection to update the Commission’s records regarding their foreign ownership.

* **Instructions** [[add link]]
* **Frequently Asked Questions** **(FAQs)** [[add link]]
* **FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT** [[add link]]
* **Privacy Act Statement** [[add link]]
* **Publication of the One-Time Information Collection** – Responses will be made publicly available in IB Docket No. 23-119 and associated with the Authorization Holder’s International Section 214 Authorization(s) in the International Communications Filing System (ICFS), except to the extent that any material or information is afforded confidential treatment.
* **Failure to Respond** – The Commission is currently considering in a Notice of Proposed Rulemaking in IB Docket No. 23-119 whether to cancel the authorizations of carriers that fail to timely respond to the One-Time Information Collection and to impose forfeitures or other measures where a carrier fails to respond in a timely or complete manner. ([FCC 23-28](https://docs.fcc.gov/public/attachments/FCC-23-28A1.pdf))

WILLFUL FALSE STATEMENTS 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)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Q.1. Enter the 10-digit FCC Registration Number (FRN) of the Authorization Holder.

* Include all leading zeros when entering the FRN.
* For example, enter: 0012345678
* See instructions for further requirements regarding FRNs. [[add link]]
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

Q.1.a. Review the following entity (or registrant) information.

* If the Entity Name or Entity Type (or Registrant Name or Registrant Type) is incorrect, the Authorization Holder must log into [CORES](https://apps.fcc.gov/cores/userLogin.do) and update the information before continuing the One-Time Information Collection.
* Registration Date (imported from CORES)
* Last Updated (imported from CORES)
* Entity/Registrant Name (imported from CORES)
* Entity/Registrant Type (imported from CORES)

Q.2. Enter all of the Authorization Holder’s current International Section 214 Authorization File Numbers associated with this FRN.

* For any FRN, report all of the Authorization File Numbers associated with that FRN, but only the Authorization File Numbers associated with the FRN.
* If an Authorization Holder has more than one FRN associated with current International Section 214 Authorization File Numbers, the Authorization Holder will need to identify each FRN and all of the associated current Authorization File Number(s) in separate responses to this One-Time Information Collection.
* Leave blank any fields that are not applicable.
* Do not use dashes or spaces when entering the Authorization File Numbers.
* For example, enter: ITC2142023073100001 or ITCMOD2023073100001
* See instructions for further requirements regarding FRNs. [[add link]]
* File Number 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

(49 Fill-in boxes)

Q.2.a. Does the Authorization Holder have any additional Authorization File Numbers associated with this FRN?

* Yes
* No

Q.2.b. Enter all of the remaining Authorization File Numbers associated with this FRN.

* Do not use dashes or spaces when entering the Authorization File Numbers.
* Separate the Authorization File Numbers with commas.
* Do not add a space after each comma.
* For example, enter: ITC2142023073100001,ITCMOD2023073100001
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

Q.3. Enter the Authorization Holder’s Contact Information.

* First Name (Fill-in box)
* Last Name (Fill-in box)
* Company or Organization (Fill-in box)
* Position/Title (Fill-in box)
* Address Line 1 (Street Address) (Fill-in box)
* Address Line 2 (Apt./Ste./Fl.) – Optional (Fill-in box)
* City (Fill-in box)
* U.S. State/Territory (2 Letter Abbreviation or OU for international) (Fill-in box)
* International State/Province (if OU was entered above) – Optional (Fill-in box)
* Zip Code/Postal Code (Fill-in box)

Q.3.a. Enter the Authorization Holder’s Contact Information (continued).

* Country (Select one from list)

Q.3.b. Enter the Authorization Holder’s Contact Information (continued).

* Phone (Fill-in box)
* Phone - Country Code (if outside of the United States) (Fill-in box)
* Email Address (Fill-in box)
* Fax – Optional (Fill-in box)
* Fax - Country Code (if outside of the United States) – Optional (Fill-in box)

Q.4. Is the authorization(s) subject to a mitigation agreement (e.g., national security agreement, letter of agreement/assurance) entered into by the Authorization Holder with the Executive Branch agencies?

* Yes
* No

Q.5. Enter all of the File Numbers that contain a copy of the mitigation agreement.

* Do not use dashes or spaces when entering the File Number.
* For example, enter:
	+ ITC2142023073100001
	+ ITCMOD2023073100001
	+ ITCT/C2023073100001
	+ ITCASG2023073100001
* If applicable, the Authorization Holder must enter all additional File Numbers that contain a copy of the mitigation agreement in a subsequent question.
* Leave blank any fields that are not applicable.
* File Number 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

(15 Fill-in boxes)

Q.5.a. Does the Authorization Holder have any additional File Numbers that are subject to the mitigation agreement?

* Yes
* No

Q.5.b. Enter all of the remaining File Numbers that are subject to the mitigation agreement.

* Do not use dashes or spaces when entering the File Numbers.
* Separate the File Numbers with commas.
* Do not add a space after each comma.
* For example, enter:

ITC2142023073100001,ITCMOD2023073100001,ITCT/C2023073100001,ITCASG2023073100001

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

Q.6. Does the Authorization Holder qualify for the Exemption from completing the latter portion (Questions 9-14) of this form? To meet the Exemption:

* The Authorization Holder must have filed an application for an initial International Section 214 Authorization, modification, or ***substantial*** (not a *pro forma* filing) assignment or transfer of control of the authorization that was reviewed by the Executive Branch agencies and was granted by the Commission after XXXX xx, 2020 [[add date 3 years before the date of the filing deadline]]; and
* There are no reportable Foreign Interest Holders of the Authorization Holder other than those disclosed in the application (including any amendment), and there are no changes to the reportable Foreign Interest Holders disclosed in the application (including any amendment) as of XXXX xx, 2023 [[add date thirty (30) days prior to the date of the filing deadline for this One-Time Information Collection]].
* Yes
* No

Q.7. Identify the File Number of the application that fulfills all of the requirements for the Exemption. If more than one application fulfills all of these requirements, provide the most recent File Number.

* Do not use dashes or spaces when entering the File Number.
* For example, enter: ITC2142023073100001, ITCMOD2023073100001, ITCT/C2023073100001, or ITCASG2023073100001
* File Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Fill-in box)

Q.8.

Aggregate and identify all of the citizenship(s) or place(s) of organization for every foreign individual and/or entity (including a government organization) that directly and/or indirectly holds 10% or greater equity and/or voting interests, or a controlling interest, in the Authorization Holder (Reportable Foreign Ownership).

* Each Authorization Holder is required to identify Reportable Foreign Ownership where any interest holder (including a government organization) has a place of organization in or is a citizen of a country that meets the Department of Commerce’s definition of a “foreign adversary.” ([FCC 23-28](https://docs.fcc.gov/public/attachments/FCC-23-28A1.pdf))
* A “foreign adversary” is defined in the Department of Commerce’s rule, [15 CFR § 7.4](https://www.ecfr.gov/current/title-15/subtitle-A/part-7/subpart-A/section-7.4). These are: (1) The People’s Republic of China, including the Hong Kong Special Administrative Region (China), (2) Republic of Cuba (Cuba), (3) Islamic Republic of Iran (Iran), (4) Democratic People's Republic of Korea (North Korea), (5) Russian Federation (Russia), and (6) Venezuelan politician Nicolás Maduro (Maduro Regime).
	+ To identify Reportable Foreign Ownership that meets the Department of Commerce’s definition of “Venezuelan politician Nicolás Maduro (Maduro Regime),” an Authorization Holder can select “Maduro Regime” as a separate, additional response to “Country of Citizenship or Place of Organization.”
* An Authorization Holder must also identify Reportable Foreign Ownership from non-“foreign adversary” countries.
* Countries of Citizenship or Places of Organization (Select potentially multiple from list)

Q.9. Does the Authorization Holder have any 10% or greater direct or indirect Foreign Interest Holders that hold such equity and/or voting interests or any controlling interest (Reportable Foreign Ownership) as of [[x]] (i.e., thirty (30) days prior to the filing deadline for this One-Time Information Collection)?

* Yes
* No

Q.9.a. Select the number of Foreign Interest Holders that directly hold 10% or greater equity and/or voting interests, or a controlling interest, in the Authorization Holder.

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Select one from list)

Q.10. Identify each foreign individual and/or entity (including a government organization) that directly and/or indirectly holds 10% or greater equity and/or voting interests, or a controlling interest, in the Authorization Holder (Reportable Foreign Ownership) as of [[x]] (i.e., thirty (30) days prior to the filing deadline).

* Each Authorization Holder is required to identify Reportable Foreign Ownership where any interest holder (including a government organization) has a place of organization in or is a citizen of a country that meets the Department of Commerce’s definition of a “foreign adversary.” ([FCC 23-28](https://docs.fcc.gov/public/attachments/FCC-23-28A1.pdf))
* A “foreign adversary” is defined in the Department of Commerce’s rule, [15 CFR § 7.4](https://www.ecfr.gov/current/title-15/subtitle-A/part-7/subpart-A/section-7.4). These are: (1) The People’s Republic of China, including the Hong Kong Special Administrative Region (China), (2) Republic of Cuba (Cuba), (3) Islamic Republic of Iran (Iran), (4) Democratic People's Republic of Korea (North Korea), (5) Russian Federation (Russia), and (6) Venezuelan politician Nicolás Maduro (Maduro Regime).
	+ To identify Reportable Foreign Ownership that meets the Department of Commerce’s definition of “Venezuelan politician Nicolás Maduro (Maduro Regime),” an Authorization Holder can select “Maduro Regime” as a separate, additional response to “Country of Citizenship or Place of Organization.”
* An Authorization Holder must also identify Reportable Foreign Ownership from non-“foreign adversary” countries.
* If the Authorization Holder has one or more foreign individual(s) and/or entity(ies) (including a government or organization) that directly and/or indirectly holds a Reportable Foreign Ownership interest, the Authorization Holder must complete the following questions (Questions 10-11) for each reportable Foreign Interest Holder (up to 100).
* If the Authorization Holder has more than 100 reportable Foreign Interest Holders, the Authorization Holder must provide the information about all of its remaining Foreign Interest Holders in a follow-on question (Question 13).
* Legal Name of Foreign Interest Holder (Fill-in box)
* Percentage of Equity Interests Held (To the nearest one percent) (Fill-in box)
* Percentage of Voting Interests Held (To the nearest one percent) (Fill-in box)
* Description of Controlling Interests (if applicable) (Fill-in box)

Q.11. Identify all of the Countries of Citizenship or Places of Organization of the Foreign Interest Holder, including the United States.

* Countries of Citizenship or Places of Organization (Select potentially multiple from list)

Q.12. Does the Authorization Holder have any additional Foreign Interest Holders that directly and/or indirectly hold 10% or greater equity and/or voting interests, or a controlling interest, in the Authorization Holder?

* Yes
* No

Q.13. Identify all of the remaining foreign individual(s) and/or entity(ies) (including a government organization) that directly and/or indirectly hold 10% or greater equity and/or voting interests, or a controlling interest, in the Authorization Holder (Reportable Foreign Ownership) as of [[x]] (i.e., thirty (30) days prior to the filing deadline), beyond the 100 Foreign Interest Holders identified by the Authorization Holder in its response to the same questions concerning reportable Foreign Interest Holders (Questions 10-11).

* Provide this information by:
	+ Responding to all of the questions in the .csv attachment available on the FAQs webpage [[add link]], with respect to each of the remaining reportable Foreign Interest Holders, and
	+ Uploading the completed .cvs attachment.

Q.14. The Authorization Holder certifies that it does not have 10% or greater direct or indirect Foreign Interest Holders that hold such equity and/or voting interests or any controlling interest (Reportable Foreign Ownership) in the Authorization Holder as of [[x]] (i.e., thirty (30) days prior to the filing deadline).

* I Certify

Q.15. I certify under penalty of perjury that:

* I am an officer of the Authorization Holder and
* All of the information submitted in this form is true and accurate.
* I Certify

Q.16. Enter the Certifying Official’s Signature. (Fill-in box)

Q.17. Enter the Certifying Official’s Contact Information.

* First Name (Fill-in box)
* Middle Name (Optional) (Fill-in box)
* Last Name (Fill-in box)
* Position/Title (Fill-in box)
* Company or Organization (Fill-in box)
* Address Line 1 (Street Address) (Fill-in box)
* Address Line 2 (Apt./Ste./Fl.) – Optional (Fill-in box)
* City (Fill-in box)
* U.S. State/Territory (2 Letter Abbreviation or OU for international) (Fill-in box)
* International State/Province (if OU was entered above) – Optional (Fill-in box)
* Zip Code/Postal Code (Fill-in box)

Q.17.a. Enter the Certifying Official’s Contact Information (continued).

* Country (Select one from list)

Q.17.b. Enter the Certifying Official’s Contact Information (continued).

* Phone (Fill-in box)
* Phone - Country Code (If outside of the United States) (Fill-in box)
* Email Address (Fill-in box)
* Fax – Optional (Fill-in box)
* Fax - Country Code (if outside of the United States) – Optional (Fill-in box)
* Date (Fill-in box)