

FCC [[#]]
ISP-WAV

**Waiver Application of Foreign
Ownership of Common Carrier,
Aeronautical En Route and
Aeronautical Fixed Radio Station
Rules, 47 CFR 1.5000-1.5004**

Not Yet Approved by OMB No.
3060-1163
Estimated time per response: 2
hours
Edition date: [XXXX 2024]

[link to instructions]

Applicant Information

1. Applicant Information.

- FRN
- Applicant/Licensee Legal Entity Type (Select One)
 - Individual: (check box)
 - Unincorporated Association: (check box)
 - Government Entity: (check box)
 - Corporation: (check box)
 - Limited Liability Company: (check box)
 - General Partnership: (check box)
 - Limited Partnership: (check box)
 - Limited Liability Partnership: (check box)
 - Other: (check box and fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)

2. Contact Information.

- Check here if same as Applicant. (check box)
- (If different from the Applicant). Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; attention to (individual fields editable)

Application Information

3. **Brief Waiver Request Description.** (editable field)
4. **Does the Petitioner have a current declaratory ruling to permit foreign ownership above the benchmarks in section 310(b) of the Act?**
Yes (check box) [If Yes, go to Q 4.a and 4.b]
No (check box)

4.a. Enter file number for declaratory ruling [text box]
4.b Is the Petitioner in compliance with the current ruling?
Yes (check box) Petitioner must file a letter pursuant to 47 CFR § 1.5004(f)
No (check box)

Application Fees

5. **Will a fee be paid?**
 - Yes (check box)
 - No (check box)
- 5.a. **If yes, select the appropriate fee code for the application.**
[Drop Down box to select fee code]
- 5.b. **If no, indicate reason for fee exemption.**
 - Governmental Entity (check box)
 - Noncommercial educational license (check box)
 - Other [fill-in text box for explanation]

Attachment(s)

6. **The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.**
(check box)

Attachments/Confidential Treatment of Attachments

7. **Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission’s rules?**
 - Yes (check box) The Applicant 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 below.
 - No (check box)

Attachment No.	Description of Attachment	Confidential Treatment Requested
Attachment 1	[Fill-in box]	[check box]
Attachment (Public Version of Confidential Treatment Request and Supporting Statement)	[Fill-in box]	
Attachment 2(a) (Public Redacted Version)	[Fill-in box]	
Attachment 2(b) (Confidential Non-Redacted Version)	[Fill-in box]	[check box]

Certification Statements and Acknowledgements

8. In submitting this form,

- The Applicant certifies that it has submitted all statements and exhibits to support this waiver request.
- 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 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.

(check box)

9. Party Authorized to Sign

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 35, AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)	