

FCC  
ISP-WAV

FEDERAL COMMUNICATIONS COMMISSION

Not Yet Approved by OMB  
3060-1163

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

ISP-WAV

GENERAL INSTRUCTIONS

**Purpose of Form**

This form is used to request a waiver of the rules regarding foreign ownership of common carrier, aeronautical en route and aeronautical fixed radio stations. 47 CFR §§ 1.5000-1.500463.09 *et seq.*

**Who Must File This Form and When**

Any party seeking waiver from the rules regarding foreign ownership of common carrier, aeronautical en route and aeronautical fixed radio stations.

**Description of Form**

The waiver application forms the basis for the grant of Applicant's request. 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.

To amend a submitted waiver request, use a separate form, ISP-AMD.

### **Applicable Rules and Regulations**

Section 1.3 of the Commission's rules allows parties to request waiver of the rules when good cause is shown.

The provisions of this chapter may be suspended, revoked, amended, or waived for good cause shown, in whole or in part, at any time by the Commission, subject to the provisions of the Administrative Procedure Act and the provisions of this chapter. Any provision of the rules may be waived by the Commission on its own motion or on petition if good cause therefor is shown. 47 CFR § 1.3.

### **FCC Notice Required By The Paperwork Reduction Act**

We have estimated that on average each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually 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 (3060-0404), 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 International Bureau, Telecommunications and Analysis Division at [FCC-OIA-TAD@fcc.gov](mailto:FCC-OIA-TAD@fcc.gov) or at (202) 418-1480.

## FILING INSTRUCTIONS FOR Waiver Application

### 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 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.

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.

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### 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 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 brief description of the waiver request. For example, “Company A requests a waiver of the requirement in section 63.18(h) of the Commission’s rules to provide information on interlocking directorates.”

Item 4. State whether the Petitioner have a current declaratory ruling to permit foreign ownership above the benchmarks in section 310(b) of the Act. If yes, provide the file number for the ruling and state whether the Petitioner is in compliance with the ruling. If the Petitioner is not in compliance with the ruling, it needs to file a letter to that effect pursuant to section 1.5004(f). 47 CFR § 1.5004 (f).

### **Application Fees**

Item 5. An application fee is required for this form. Indicate whether you are exempt from the application fee by selecting “Yes” or “No.”

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

If “No,” indicate the reason for fee exemption by checking “Government Entity”, “Noncommercial educational license”, or “Other.”

If “No,” then the Applicant must submit an attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees.

If Applicant selects “Other” as the reason for the exemption, the Applicant must explain in the text box.

If the Applicant filed a request for waiver/deferral of the FCC application fees, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment.

If “Yes,” select the appropriate feed code for the application from the drop down menu. 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 Distribution Center at (800) 418-FORM (3676), or from the FCC’s Fax Information System by dialing (202) 418-0177.

### **Attachments**

Item 6. The Applicant must confirm that it has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information by checking the box.

### **Confidential Treatment of Attachments**

Item 7. Indicate whether the Applicant is requesting confidential treatment of an attachment(s) under 0.459 of the Commission's rules by checking "Yes" or "No."

If "Yes," then Item 7.a. requires the Applicant requesting confidential treatment of an attachment(s) under 0.459 of the Commission's rules must upload a request for confidentiality and file a redacted and no-redacted version of the request.

In the table in this item, the Applicant must identify the attachment(s) it has uploaded with a short description 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 the table of this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can rename 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 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 and Acknowledgements**

Item 8. The Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form, as appropriate, by clicking on the single indicated checkbox. These include:

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

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- 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."
- 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.

**Party Authorized to Sign**

Item 9. Enter all of the required information in the table:

- the name of the Applicant.
- 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 signature of the person signing the application.

The Applicant does not enter a date. ICFS will fill in the date automatically with the date on which the application is submitted.

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). 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.