**ITC-ASG/TC Form**

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| **FCC [[#]]****ITC-ASG/TC**  | **FCC Application for** **Assignment or Transfer of Control of** **an International Section 214 Authorization** | **Not Yet Approved by OMB No. 3060-0686****Estimated time per response: 9-130****Edition Date: [XXXX 2024]** |

**[link to instructions]**

**International Section 214 Authorization Holder Information**

1. **Authorization Holder Information.**
* FRN [text box]
* 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 a fill-in box)
* Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)
1. **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 (individual fields are editable)

**Assignor/Transferor Information**

1. **Assignor/Transferor Information:**
* FRN [text box]
* 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: (a check box and a fill-in box)
* Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)
1. **Assignor/Transferor Contact Information:**
* **Check here if same as Assignor/Transferor:** [check Box]
* **(If different from the Assignor/Transferor):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email (individual fields are editable)

**Assignee/Transferee Information**

1. **Assignee/Transferee Information:**
* FRN [text box]
* 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)
1. **Assignee/Transferee Contact Information.**
* **Check here if same as Assignee/Transferee:** (check box)
* **(If different from the Assignee/Transferee):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields are editable)
1. **Additional Assignee/Transferee Contacts**.
* The Applicant must designate a point of contact who is located in the United States and is a U.S. citizen or lawful U.S. permanent resident, for the execution of lawful requests and as an agent for legal service of process. See 47 CFR § 63.18(q)(1)(iii).

**7a. Contact for execution of lawful requests.**

FRN [text box]

Individual Name: [text box]

Company: [text box]

Telephone number: [text box]

Fax number: [text box]

Email: [text box]

Complete business address [text box]

Alternate contact for execution of lawful requests (optional)

(check box) Select if alternate contact has been designated.

[If check box is selected, then Applicant fills in the following information.]

FRN [text box]

Alternate Individual Name: [text box]

Alternate Company: [text box]

Alternate Telephone number: [text box]

Alternate Fax number: [text box]

Alternate Email: [text box]

Alternate Complete business address: [text box]

**7b. Agent for legal service of process**

(check box) Select if agent is same as contact for execution of lawful requests.

[If check box is not selected, then Applicant fills in the following information.]

FRN [text box]

Individual Name: [text box]

Company: [text box]

Telephone number: [text box]

Fax number: [text box]

Email: [text box]

Complete business address: [text box]

Alternate contact for execution of lawful requests (optional)

(check box) Select if alternate contact has been designated.

[If check box is selected, then Applicant fills in the following information.]

FRN [text box]

Alternate Individual Name: [text box]

Alternate Company: [text box]

Alternate Telephone number: [text box]

Alternate Fax number: [text box]

Alternate Email: [text box]

Alternate Complete business address: [text box]

1. **Identify the Government, State, or Territory under the laws of which a corporate or partnership Assignee/Transferee and Assignor/Transferor is organized.**

[Drop-down menu with list of countries and states if United States is selected with the ability to add/remove]

|  |  |
| --- | --- |
| **(a)****Applicant Name** **(the transferor/assignor and** **the transferee/assignee names)**  | **(b)****Government, State, or Territory where Applicant is Organized**  |
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|  |  |

**Application Information**

1. **Enter the name of the Authorization Holder(s) and AuthID(s) and associated file number(s) (ITC-LIC or ITC-MOD) of the Authorization Holder(s) subject to this transaction.**

**[[Draw the following table for text entry:]**

|  |  |  |
| --- | --- | --- |
| **(a) AuthID** | **(b1) Name of Authorization Holder** | **(b2) File Number of Current Authorization Holder** |

1. **Brief Description of the Transaction:** (editable field)
2. **Is this an assignment of authorization or transfer of control?**

**a.** (check box) **Assignment of authorization**

**b.** (check box) **Transfer of control**

1. **Is this a pro forma or substantive transaction?**

**a.** (check box) **Substantive**

**b.** (check box) **Pro forma**

**[If 11a and 12a are checked,** the questions and tables in “Supplement A/Substantive Assignment” should be filled out.]

**[If 11a and 12b are checked** the questions and tables in “Supplement B/Pro Forma (Non-Substantive) Assignment” should be filled out.]

**[If 11b and 12a are checked** the questions and tables in “Supplement C/Substantive Transfer of Control” should be filled out.]

**[If 11b and 12b are checked** the questions and tables in “Supplement D/Pro Forma (Non-Substantive) Transfer of Control” should be filled out.]