

## ITC-STA Form

FCC [[#]]  
ITC-214

### International Section 214 Authorization Application for Special Temporary Authority

Not Yet Approved by OMB No.  
3060-0686  
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 (individual fields editable)

##### 3. Identify the Government, State, or Territory under the laws of which a corporate or partnership Applicant is organized.

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

(a) Applicant Name	(b) Government, State, or Territory where Applicant is Organized

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4. Does the Applicant have any 10% or greater direct or indirect foreign owners?

- Yes (check box)
- No (check box)

**Application Information**

5. Brief Description of the Request for Special Temporary Authority: (editable field for Applicant to supply a short description)

**Authority Information**

6. List the international section 214 authorizations subject to this Request for Special Temporary Authority:

AuthID(s) or ICFS File Number(s)	(Name(s) of Submarine Cable System (if applicable))
[fill-in box]	[fill-in box]

7. Indicate type of Request for Special Temporary Authority:

- 7.a. New Request (check box)
- 7.b. Extension/Renewal (check box)
  - 7.b.1.

(a) The FCC ICFS File Number for the related Special Temporary Authority
ICFS [STA #]

- 7.c. Other [fill-in box to Provide Explanation]

8. Is this Request for Special Temporary Authority associated with any pending applications filed with the Commission?

- Yes (**radio button**) Identify the ICFS File Number(s) or AuthID(s) and, if applicable, the ULS File Number(s) and/or Docket Number(s) associated with the pending application(s) for which special temporary authority is requested.

ICFS [Table for Applicant to put in file number(s)/AuthID(s) with the ability to add/remove as necessary]

ULS [fill-in box]

ECFS [fill-in box]

- No [Check Box]

**9. Enter date by which the Applicant(s) seeks grant of the Request for Special Temporary Authority:**

[fill-in box]

**10. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority:**

[[fill-in box; duration must be equal to or less than 180 Days]

**Waivers**

**11. Does the Applicant request a waiver(s) of the Commission’s rules?**

- Yes (**check box**) If yes, attach the request with a supporting narrative and documentation.
- No (**check box**)

**11a. If yes, identify the rule section(s) for which a waiver is sought below.**

[fill-in box]

**Application Fees**

**12. Will a fee be paid?**

- Yes (**check box**)
- No (**check box**)

**12a. If yes, select the appropriate fee code for the application.**

[drop down box to select fee code]

**12b. If no, indicate reason for fee exemption.**

- Governmental Entity (**check box**)
- Noncommercial educational license (**check box**)
- Other (**Explain**) [Fill-in box]

Attachments

13. The Applicant has uploaded an attachment with the justification for the Request for Special Temporary Authority and all other information required by section 63.25 of the Commission’s rules. (check box)

Confidential Treatment of Attachments

14. 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 2 (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]	

Certification Statements and Acknowledgements

15. In submitting this form,

- o The Applicant certifies that it has provided in an attachment the justification for the Request for Special Temporary Authority and all other information required by section 63.25 of the Commission’s rules.
- o The Applicant acknowledges that the grant of the Request for Special Temporary Authority does not prejudice action by the Commission on the underlying applications.
- o The Applicant acknowledges that grant of the Request for Special Temporary Authority is subject to revocation/cancelation or modification by the Commission on its own motion without a hearing.
- o If this Request for Special Temporary Authority is related to the provision of unauthorized service or an unauthorized transaction, the Applicant acknowledges that grant of this Request for Special Temporary Authority does not preclude enforcement action for non-compliance with the Communications Act of 1934, as amended, or the Commission’s rules.
- o 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).)
- o 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)

**16. Party Authorized to Sign**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>Title:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b>			
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18 Section 1001),</b>			

**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)**