

SCL-ASG&TC Form

FCC [[#]]
SCL-
ASG&TC

FCC Application for Assignment (ASG) or Transfer of Control (TC) of a Cable Landing License

NOT Approved by OMB
3060-0944
Estimated time per response: 13-
134
Edition Date: [XXXX 2024]

[\[Link to Instructions\]](#)

Applicants

Licensee Information

1. Licensee 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: (heck box)
 - General Partnership: (check box)
 - Limited Partnership: (check box)
 - Limited Liability Partnership: (check box)
 - Other: (check box and then 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 Licensee: (Check Box)
- (If different from the Applicant): Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields should be editable on the form screen)

Assignor/Transferor Information

3. Assignor/Transferor Information.

- FRN
- 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 then Fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email attention to (imported from CORES during authentication)

4. 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 should be editable on the form screen)

Assignee/Transferee Information

5. Assignee/Transferee Information.

- FRN
- 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 then Fill-in box]
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)

6. 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), address; phone; fax; email (individual fields should be editable on the form screen)

7. **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).

7.a. Contact for execution of lawful requests.

Individual Name: [text box]
Company: [text box] [if different than applicant]
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, enter alternate contact information in the following text boxes]

Alternate Individual Name: [text box]
Alternate Company: [text box] [if different than applicant]
Alternate Telephone number: [text box]
Alternate Fax number: [text box]
Alternate Email: [text box]
Alternate Complete business address: [text box]

7.b. Agent for legal service of process

(check box) Select if agent is same as contact for execution of lawful requests.
[If check box is selected, enter information in the following text boxes]

Individual Name: [text box]
Company: [text box] [if different than applicant]
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, enter contact information in the following text boxes]

Alternate Individual Name: [text box]
Alternate Company: [text box] [if different than applicant]
Alternate Telephone number: [text box]
Alternate Fax number: [text box]
Alternate Email: [text box]
Alternate Complete business address: [text box]

8. 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 in case of multiple]

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

Application Information

9. Enter the name of the cable system and AuthID and associated file numbers (SCL-LIC or SCL-MOD) of the cable landing license(s) subject to this transaction.
[[Draw the following table for text entry:]

(a) AuthID	(b1) Name of Cable System	(b2) File Number of Current Cable Landing License

10. Brief Description of the Transaction: (editable field for Applicant to supply a short description)

11. Is this an assignment of authorization or transfer of control?

- a. [checkbox for “Assignment of License”]
- b. [checkbox for “Transfer of control”]

12. Is this a pro forma or substantive transaction?

- a. [checkbox for “Substantive”]
- b. [checkbox for “Pro forma”]

If 11a and 12a are checked the questions and tables in “Substantive Assignment” below should appear to be filled out]

If 11a and 12b are checked the questions and tables in “Pro Forma (Non-Substantive) Assignment” below should appear to be filled out]

If 11b and 12a are checked the questions and tables in “Substantive Transfer of Control” below should appear to be filled out]

If 11b and 12b are checked the questions and tables in “Pro Forma (Non-Substantive) Transfer of Control” below should appear to be filled out]

[Parts A, B, C and D are separate documents]