**SCL-STA Form**

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| **FCC [[#]]**  **SCL-STA** | **Submarine Cable Landing License**  **Application for Special Temporary Authority** | **Not Yet Approved by OMB**  **3060-0944**  **Estimated time per response: 2 hours**  **Edition Date: [XXXX 2024]** |

**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 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 Licensee**: (Check Box)
* **(If different from the Applicant****):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields editable)

**Application Information**

1. **Brief Description of the Request for Special Temporary Authority:** (editable field)

**Authority Information**

1. **Name of Cable System:**

[Fill-in box for Applicant to type in name of cable system and ICFS file number (SCL-LIC or SCL-MOD)]

1. **Identify all Applicants/Licensees of the cable landing license and identify the Government, State, or Territory under which the Applicant(s)/Licensee(s) is organized.**

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

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| **(a)**  **Applicant/Licensee Name** | **(b)**  **Government, State, or Territory where Applicant/Licensee is Organized** |
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1. **Does any Applicant/Licensee for the cable landing license have any 10% or greater direct or indirect foreign owners?**

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

1. **Indicate type of Request** **for Special Temporary Authority:**

**7.a. New Request** (check box)

**7.b. Extension/Renewal** (check box)

**7.b.1.**

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

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

1. **Is this Request** **for Special Temporary Authority associated with an application that is pending with the Commission?**
   * Yes (check box) 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]

Docket [Fill in Box]

* + No (check box)

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

[fill-in box]

1. **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**

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

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

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

[fill-in box]

**Application Fees**

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

* Yes (check box)
* No (check box)

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

[drop down box to select fee code]

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

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

**Attachments**

1. **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)

**Attachments/Confidential Treatment of Attachments**

1. **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)

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| **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**

1. **In submitting this form,**
   * 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.
   * The Applicant acknowledges that the grant of the Request for Special Temporary Authority does not prejudice action by the Commission on the underlying application(s).
   * 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.
   * 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.

* 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)

**17. 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 IMPSONMENT (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)** | | | | |