

* Indicates required
FCC 312

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR EARTH STATION SPECIAL TEMPORARY AUTHORITY
FOR OFFICIAL USE ONLY

Not Yet Approved by OMB
Estimated Time Per Response:
0.5-80 hrs April 2024
OMB Control Number 3060-0678

Save as Draft

Review to Submit

See Instructions [↗](#) [Print Form](#) [↗](#)

1. Applicant Information

*Enter a description of this application to identify it on the main menu:

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

Zip Code/Postal Code

Country

2. Contact Information

Check here if same as Licensee

*FRN

Name

*Attention

Doing Business As (DBA)

*Title

Street Address

*Phone

Street Address 2

Fax

City

*Email

State

*Relationship

Zip Code/Postal Code

Country

STA Information

3. Related File Number

4. Call Sign

COOP Event - Select an option here if this is related to an FCC designated emergency event.

Application Fees

*5. Will a fee be paid?
 Yes No

Waivers

*6. Does the Applicant request a waiver(s) of the Commission's rules?
 Yes No

8. City 11. Latitude (dd mm ss.s h)

9. State 12. Longitude (dd mm ss.s h)

12. Description

*14. Is the Applicant filing an optional Schedule B with this application?
 Yes No

Attachments/Confidential Treatment of Attachments

*Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?
 Yes No

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				
<input type="button" value="Attach File"/>				

Certification

*16. In submitting this form:

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).)

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.

17. Party Authorized to Sign

First Name MI

Last Name Suffix

15. Title of Person Signing

Signature

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 IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

Required information

Enter a description of this application to identify it on the main menu:	FRN	FRN	Attention	Title	Phone	Email	Relationship	5. Will a fee be paid?	6. Does the Applicant request a waiver(s) of the Commission's rules?
14. Is the Applicant filing an optional Schedule B with this application?	Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?						16. In submitting this form:		