

\* Indicates required

FCC 245  
DNC-WAV

# FEDERAL COMMUNICATIONS COMMISSION

## FCC Waiver Application for Data Network Identification Code

Approved by OMB  
3060-1029  
Estimated Time Per Response: 3 hours  
Edition Date: August 2024

Save as Draft

Review to Submit

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

A.1 Waiver Parent File Number

A.2 Waiver Parent Callsign

### 1. Applicant Information

\*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

\*Applicant/Licensee Legal Entity Type

Zip Code/Postal Code

- None --
- Individual
- Unincorporated Association
- Government Entity
- Corporation
- Limited Liability Company
- General Partnership**
- Limited Partnership
- Limited Liability Partnership
- Other
- None --

Country

### 2. Contact Information

Check here if same as Applicant

\*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

Contact State

\*Relationship

Zip Code/Postal Code

- None --
- None --
- Same
- Legal counsel
- Engineer
- Other**

Country

## Application Information

\*3. Brief Waiver Application Description

## Application Fees

\*4. Will a fee be paid?

Yes  No

**NOTE: Selecting "No" radio button will display the 4.a. below. Selecting "Other" will display 4.b. below:**

\*4.a. If no, indicate reason for fee exemption.

Governmental Entity  Noncommercial Educational License  Other

\*4.b. Fee exempt explanation.


\*4.a. If yes, select the appropriate fee code for the application.

Fee Amount

## Attachment(s)

\*5. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

## Attachments/Confidential Treatment of Attachments

\*6. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules? 

Yes  No

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.

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				
<input data-bbox="194 871 219 892" icon"="" type="button" upload="" value="Attach File &lt;img alt="/>				

## General Certification Statements

\*7. In submitting this form,

• The Applicant certifies that it has submitted all statements and exhibits to support this waiver request.

• 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.

8. 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 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)

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