

Section 310(b) Petition for Declaratory Ruling Waiver of Sections 1.5000-1.5004 of the Commission's Rules

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A.1 Waiver Parent File Number

A.2 Waiver Parent Callsign

**1. Applicant Information**

\*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

\*Applicant/Licensee Legal Entity Type

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

**2. Contact Information**

Check here if same as Applicant

\*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

\*Relationship

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

**Application Information**

\*3. Brief Application Description

\*4. Does the Petitioner have a current declaratory ruling to permit foreign investment above the benchmarks in section 310(b) of the Act?

Yes  No

**Application Fees**

\*5. 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.

\*5.a. If yes, select the appropriate fee code for the application.

Fee Amount

**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

Attachment No.	File Name	Description of Attachment	Confidential	Action
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No Attached Files

[Attach File !\[\]\(0f848bbd71cef6b345273b16f905912a\_img.jpg\)](#)

### 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 APPLICATION 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 (US Code, Title 18, Section 1001),  
AND/OR REVOCATION OF ANY STATION AUTHORIZATION  
(US Code, Title 47 Section 312(a)), AND/OR FORFEITURE (US Code, Title 47 Section 503)

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