

**Instructions for Waiver Application of Foreign Ownership
Rules Governing Common Carriers and Aeronautical
En Route and Aeronautical Fixed Radio Station Licensees
Office of International Affairs**

ISP-WAV

Purpose of Form

This form is used to request a waiver of the rules regarding foreign ownership of common carrier, aeronautical en route and aeronautical fixed radio stations. 47 CFR §§ 1.5000-1.5004.

Who Must File This Form and When

Any party seeking waiver from the rules regarding foreign ownership of common carrier, aeronautical en route and aeronautical fixed radio stations.

Description of Form

The waiver application forms the basis for the Applicant's request. This form consists of a main form and the ability to file an attachment to support the request. The Applicant is encouraged to upload a single document in machine readable format, including all required information. The Applicant must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

Information Current and Complete

Information filed in the application with the Commission must be kept current and complete under section [1.65](#) of the Commission's rules.

To amend a submitted waiver request, use a separate form, ISP-AMD.

Applicable Rules and Regulations

Section 1.3 of the Commission's rules allows parties to request waiver of the rules when good cause is shown.

The provisions of this chapter may be suspended, revoked, amended, or waived for good cause shown, in whole or in part, at any time by the Commission, subject to the

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provisions of the Administrative Procedure Act and the provisions of this chapter. Any provision of the rules may be waived by the Commission on its own motion or on petition if good cause therefor is shown. 47 CFR § 1.3.

Other ISP Forms

- ISP-PDR (this form is used for filing a new Petition for a Declaratory Ruling.)
- ISP-AMD (this form is used to supplement/amend a submitted Petition for a Declaratory Ruling.)

FCC Notice Required By The Paperwork Reduction Act

We have estimated that on average each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, review existing records, gather and maintain the required data, and complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden, e-mail them to pra@fcc.gov or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-0404), Washington, DC 20554.

The Applicant is not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1163. This notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. Section 3507.

For Assistance

For technical assistance with completing the forms, contact the ICFS Helpline at (202) 418-2222 or ICFSINFO@fcc.gov. For general questions about the form requirements, contact the Office of International Affairs, Telecommunications and Analysis Division at (202) 418-1480 or at FCC-OIA-TAD@fcc.gov.

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FILING INSTRUCTIONS

Remember to save your draft application periodically by clicking the save button. ICFS will time-out after 15 minutes of no activity, and failure to save will result in loss of any information entered into the application form after the last save.

Applicant Information

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with Applicant's FCC Registration Number (FRN).

When the Applicant enters its FRN, the Information will pre-populate with its FRN data in CORES. To modify these pre-populated data, update the data associated with the FRN in CORES.

Enter any missing data and sections that are not already populated from CORES, such as the "Applicant/Licensee Legal Entity Type" or "Doing Business As (DBA)" name.

Contact Information

Item 2. Identify the contact representative, if different from the Applicant. The contact information can be imported automatically from CORES if the Applicant supplied an FRN, but fields are still editable.

If the contact representative is the same as the person indicated in Item 1, then check the box "Same as Applicant." If the contact representative is not the same as the Applicant provide the requested information.

- Provide the name of a person in your organization, your outside counsel, or other representative whom we can contact if there are questions regarding your application. This person should have decisional authority over the contents of your application.
- Provide the Company name if different from Applicant name in Item 1 or repeat "Company" name here.
- Provide the contact representative's address, phone number, fax number, and email.
- Provide your "Doing Business As (DBA)" name. If the Applicant is not operating its business using a DBA, you may leave this section blank.
- Indicate how the contact person is related to the Applicant. For example, select "Legal Counsel" if the contact is the Petitioner's counsel.

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Item 3. Provide a brief description of the waiver request. For example, “Company A requests a waiver of the requirement in section 1.5000 to file a petition for declaratory ruling before the aggregate foreign ownership of exceeds 25%.” This descriptions will appear in the My Filings tab of your ICFS account page where all your applications are listed.

Item 4. State whether the Petitioner has a current declaratory ruling to permit foreign ownership above the benchmarks in section 310(b) of the Act. If yes, provide the file number for the ruling and state whether the Petitioner is in compliance with the ruling. If the Petitioner is not in compliance with the ruling, it needs to file a letter to that effect pursuant to section 1.5004(f). 47 CFR § 1.5004 (f).

Application Fees

Item 5. An application fee is required for this form. Indicate whether you are exempt from the application fee by selecting “Yes” or “No.”

Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid. To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC’s website at <http://www.fcc.gov/fees>, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or by faxing the FCC’s Fax Information System at 1-866-418-0232.

If “No,” indicate the reason for fee exemption by checking “Government Entity”, “Noncommercial educational license”, or “Other.”

If “No,” then the Applicant must submit an attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees.

If Applicant selects “Other” as the reason for the exemption, the Applicant must explain in the text box.

If the Applicant filed a request for waiver/deferral of the FCC application fees, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment.

If “Yes,” select the appropriate feed code for the application from the drop down menu.

Attachments/Confidential Treatment of Attachments

Item 6. If the Petitioner is requesting confidential treatment for any of its attachments, answer “yes” to this question. Otherwise, answer “no.” If the Petitioner answers “yes” in Item 6, then

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it must upload a supporting statement for the “confidential treatment request(s)” identifying the applicable rule(s) and providing other supporting materials or information. The Petitioner must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section which follows below.

The Petitioner(s) can upload attachments in this section of the application. The Petitioner(s) will identify the attachment(s) with a short name for easy identification of the information included in each attachment.

Note: Each document required to be filed as an attachment should be current as of the date of filing. Each page of every attachment must be identified with the number or letter, the number of the page, and the total number of pages.

In the table of this item, the Petitioner(s) may use the upload button to upload its attachments. After uploading, the Petitioner(s) can rename the attachment. Also after uploading, the Petitioner(s) can click the confidential treatment button next the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment and a public supporting statement justifying the confidentiality request. Identify the applicable rule(s) and provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

Certification Statements and Acknowledgements

Item 7. The Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form, as appropriate, by clicking on the single indicated checkbox. These include:

- 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."

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- 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.

Party Authorized to Sign

Item 8. Enter all of the requested information. Willful false statements are punishable by fine and or/imprisonment (U.S. Code, Title 18, Section 1001). By signing this, you certify that you are a party authorized to sign and all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Enter the title of the person signing the application. If the applicant is a corporation or other business entity, the person submitting the application must be an officer.

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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). BY SIGNING THIS, YOU CERTIFY THAT YOU ARE A PARTY AUTHORIZED TO SIGN AND ALL STATEMENTS MADE IN THIS APPLICATION AND IN THE ATTACHMENT OR DOCUMENTS INCORPORATED BY REFERENCE ARE MATERIAL, ARE PART OF THIS APPLICATION, AND ARE TRUE, COMPLETE, CORRECT, AND MADE IN GOOD FAITH.

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