

\* Indicates required  
FCC 220  
SCL-STA

# FEDERAL COMMUNICATIONS COMMISSION

## Submarine Cable Landing License Application for Special Temporary Authority

Approved by OMB No. 3060-0944  
Estimated time per response: 2 hours  
Edition date: August 2024

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

### 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 --

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

### 2. Contact Information

Check here if same as Licensee:

\*FRN

Name

Doing Business As (DBA)

Attention

Title

Street Address

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Phone

Fax

Email

\*Relationship

-- None --

-- None --

Same

Legal counsel

Engineer

Other

**Application Information**

\*3. Brief Description of the Request for Special Temporary Authority:

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

**Authority Information**

5. Name of Cable System:

Actions	(a) File Number(s)	(b) AuthID(s)	(c) Name of Cable System
No data to display			

\*6. 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.

Actions	(a) Applicant/Licensee Name	(b1) Government where Applicant/Licensee is Organized	(b2) State or Territory where Applicant/Licensee is Organized
No data to display			

\*7. Does any Applicant/Licensee for the cable landing license have any 10% or greater direct or indirect foreign owners?

Yes  No

\*8. Indicate type of Request for Special Temporary Authority:

8.a. New Request  8.b. Extension/Renewal  8.c. Other

\*8.b.1. The FCC ICFS File Number for the related Special Temporary Authority.

\*9. Is this request for Special Temporary Authority associated with an application that is pending with the Commission?

If you select 8.c. Other you will see the following:

\*8.c.1. Provide Explanation

Yes  No

Attachment Uploaded

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.

\*9.a. ICFS File Number(s)

\*9.b. ICFS AuthID(s)

\*9.c. ULS

\*9.d. Docket Number

\*10. Enter the date by which the Applicant(s) seeks grant of the request for Special Temporary Authority:

YYYY-MM-DD

\*11. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority (no more than 180 days):

### Application Fees

If you select no, the following appears:

\*12. Will a fee be paid?

Yes  No

\*12.a. If no, indicate reason for fee exemption.

Governmental Entity  Noncommercial Educational License  Other

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

\*12.b. Fee exempt explanation.

Fee Amount

\$0

### Waivers

13. Does the Applicant request a waiver(s) of the Commission's rules?

Yes  No

If yes, attach the request with a supporting narrative and documentation.

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

Attach a statement explaining the waiver request and identifying the rule number(s) involved:

Attach File

### Attachments

\*14. The Applicant has uploaded an attachment with the justification for the STA and all other information required by section 63.25 of the Commission's rules.

See 47 CFR § 63.25.

\*15. The Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along with other material information.

Yes  N/A


### Attachments/Confidential Treatment of Attachments

16. 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
1	call_signs_table.txt	Form Attachment	<input type="checkbox"/>	✕

Attach File 

### General Certification Statements

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17. In Submitting this form,

- The Applicant certifies that it has provided in an attachment the justification for the STA and all other information required by section 63.25 of the Commission's rules.
- The Applicant acknowledges that the grant of the STA does not prejudice action by the Commission on the underlying application(s).
- The Applicant acknowledges that grant of the STA is subject to revocation/cancellation or modification by the Commission on its own motion without a hearing.
- If this STA request is related to the provision of unauthorized service or an unauthorized transaction, the Applicant acknowledges that grant of this STA does not preclude enforcement action for non-compliance with the Communications Act of 1934, as amended, or the Commission's rules.
- 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.

18. Party Authorized to Sign

* First Name	MI
<input type="text"/>	<input type="text"/>
* Last Name	Suffix
<input type="text"/>	<input type="text"/>
* Title	
<input type="text"/>	
* Signature	Date
<input type="text"/>	<input type="text"/>

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 35), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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