

FEDERAL COMMUNICATIONS COMMISSION
International Section 214 Authorization Application for Special Temporary Authority

Save as Draft

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

Review to Submit

1. Applicant Information

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

2. Contact Information

Check here if same as Applicant

*FRN

Name

Doing Business As (DBA)

Street Address

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

Attention

Title

Phone

Street Address 2

Fax

City

Email

Contact State

*Relationship

Zip Code/Postal Code

Country

Same

Legal counsel

Engineer

Other

*3. Identify the Government, State, or Territory under the laws of which a corporate or partnership the Applicant is organized.

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

*4. Does the Applicant have any 10% or greater direct or indirect foreign owners?

Yes No

Application Information

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

Authority Information

*6. List the international section 214 authorizations subject to this Request for Special Temporary Authority:

Actions	(b) AuthID(s) or ICFS File Numbers	(d) Name(s) of Submarine Cable System (if applicable)ᶻ
No data to display		

*7. Indicate type of Request for Special Temporary Authority:

7.a. New Request 7.b. Extension/Renewal 7.c. Other

*7.b.1. The FCC File Number for the related Special Temporary Authority

*8.c.1. Other

If you select other, you are presented with this:

*8. Is this request for Special Temporary Authority associated with any pending applications filed with the Commission?

Yes No

Identify the AuthID(s) or ICFS file number(s) associated with the pending application(s) for which special temporary authority is requested.

*8.a. ICFS File Number(s):

*8.b. ICFS Call Sign(s):

*8.c. ULS:

*8.d. ECFS (Docket Nos.)

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

YYYY-MM-DD



*10. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority (not to exceed 180 days):

Application Fees

*11. Will a fee be paid?

Yes No

If you select no, the following appears:

*11.a. If no, indicate reason for fee exemption.

Governmental Entity Noncommercial Educational License Other

*11.b. Fee exempt explanation.

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

Fee Amount

\$0

Waivers

*12. 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.

*12.a. Identify the rule section(s) for which a waiver is sought below.

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

* Attach File

Attachments

*13. 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.

Attachments/Confidential Treatment of Attachments

*14. 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 (a) Confidential Non-Redacted Version	cycle_4_demo.txt	Form Attachment	<input checked="" type="checkbox"/>	✕
(b) Public Redacted Version		Upload Public Redacted Filing		
(c) Public Version of Confidential Treatment Request and Supporting Statement		Upload Public Version of Confidential Treatment Request (with supporting statement, identifying the		

Attach File

General Certification Statements

*15. 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 applications.
- 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.

16. 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 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

Save as Draft

Review to Submit

