

CUI//PRVCY/PROPIN//FEDCON
when filled in

Operator Exempt from CUI Handling and Dissemination Restrictions



UNITED STATES DEPARTMENT OF COMMERCE
National Oceanic and Atmospheric Administration

Office of Space Commerce
Commercial Remote Sensing Regulatory Affairs
Washington, D.C. 20230

Modification Request Form

15 C.F.R. § 960.8(f) requires all operators holding a license to operate a private remote sensing system to “Request and receive approval for a license modification before taking any action that would change a material fact in the license.” This form provides a standardized format by which operators can request a modification to their license(s).

Instructions

This form will be available in electronic format to operators holding user accounts only:

- ❖ Confirmation of accessing a U.S. Government system may be required.
- ❖ If you wish to submit the modification request in Word document format through encrypted communications, please email crsra@noaa.gov for instructions.

Any questions regarding this form should be directed to crsra@noaa.gov.

Privacy Act Statement

PRIVACY ACT STATEMENT: The authorities for the collection of the following information and the intended uses of the information are detailed online at the following link: [CRSRA Privacy Act Statement 2024](#). You may request a copy of the linked Privacy Act Statement by emailing crsra@noaa.gov.

- ❖ Confirmation of having read the Privacy Act Statement is required if filling out a form in electronic format.

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Modification Request

1. For which license is a modification requested? (conditional/required)
[Operator required to select system name \(if multiple licenses\)](#)
2. For which license fields is the modification being requested? (required)
[Operator will be able to view licenses and select each field for which a modification is being requested.](#)
3. For each license field for which a modification is being requested, the operator must provide: (required)
 - the new value for the field;
 - the date the value changed in actuality or will change in the future; and
 - a complete reason for the requested change.
4. Is there any additional information the operator would like to provide? (optional)
[Operator will be able to provide additional information and attachments.](#)

PRA Burden Statement:

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0174. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required in order to obtain a service or benefit. This information is used by NOAA to ensure the accuracy of licenses and respond to the regulated community's needs. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA, 1401 Constitution Ave., NW Washington, D.C. 20230, Attn: CRSRA Director, Dr. Sarah Brothers, sarah.brothers@noaa.gov.