

* Indicates required
FCC 310-ICFS

FEDERAL COMMUNICATIONS COMMISSION
Application for an International High Frequency Broadcast Station License
FOR OFFICIAL USE ONLY

Not Approved by OMB: 3060-1035
Estimated Response Time: 6 Hours
Edition Date: May 2025

Save as Draft

Review to Submit

[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

2. Contact Information

☐ Check here if same as Licensee

FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

*Attention

*Title

*Phone

Fax

*Email

*Relationship

-- None --

3. Construction Permit covered by this application

1. Call Sign

* 2. Site Location

*3. File Number

*5. Date of Grant

*4. Construction Began

*6. Construction Completed

*7. Type of Station

*8. Is the station in satisfactory operating condition and ready for regular operating?

☐ Yes ☐ No

4. Equal Employment Opportunity Program

*1. If the Applicant proposes to employ five or more full-time employees, Applicant certifies that it is filing simultaneously with this application a Model EEO Program Report on FCC Form 396-A. [FCC Forms page](#) ☐ Yes ☐ No ☐ N/A

Application Fees

*1. Will a fee be paid?

☒ Yes ☐ No

*1a. If yes, select the appropriate fee code for the application

Waivers

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

☐ Yes ☐ No

Attachments/Confidential Treatment of Attachments

*1. 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
No Attached Files				
Attach File				

General Certification Statements

☐ *In submitting this form

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 confirms its understanding that it hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)

The Applicant confirms its understanding that it represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.

The Applicant acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as is set out in full the application.

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.

* First Name

MI

* Last Name

Suffix

* Title

* Signature

Date

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)

☐ Allow Internal Users to View Draft if in Draft State

Save as Draft

Review to Submit

Required information

FRN Attention Title Phone Email Relationship 3. File Number 5. Date of Grant 2. Site Location 4. Construction Began 6. Construction Completed 7. Type of Station

8. Is the station in satisfactory operating condition and ready for regular operating

1. If the Applicant proposes to employ five or more full-time employees, Applicant certifies that it is filing simultaneously with this application a Model EEO Program Report or FCC Form 398 1. Does the Applicant request a waiver(s) of the Commission's rules

1. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules In submitting this form First Name Last Name Title Signature