


* Indicates required
FCC 427-IHF-PTA

FEDERAL COMMUNICATIONS COMMISSION
Application for International High Frequency
Program Test Authority
FOR OFFICIAL USE ONLY

Not Approved by OMB: 3060-1035
Estimated Response Time: 2 Hours
Edition Date: May 2025

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See Instructions  Print Form 

Selects 310 form

1. Applicant Information

* FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

Zip Code/Postal Code

Country

2. Contact Information

☐ Check here if same as Licensee

FRN

Name

* Attention

Doing Business As (DBA)

* Title

Street Address

* Phone

Street Address 2

Fax

City

* Email

State

* Relationship

-- None --

Zip Code/Postal Code

Country

Application Information

* 1. Brief Application Description

--

* 2. Begin Date

YYYY-MM-DD

*3. End Date

YYYY-MM-DD



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 _____

2025-05-08

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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Required information

FRN	Attention	Title	Phone	Email	Relationship	1. Brief Application Description	2. Begin Date	3. End Date	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