

* Indicates required

FCC 245
DNC-WAV

FEDERAL COMMUNICATIONS COMMISSION

FCC Waiver Application for Data Network
Identification CodeNot Yet Approved by OMB
306G-1029
Estimated Time Per Response: 2 hours
Edition Date: May 2025

Save as Draft

Review to Submit

[See Instructions](#) [Print Form](#)1. Applicant Information

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

*Applicant/Licensee Legal Entity Type

Zip Code/Postal Code

Country

2. Contact Information☐ Check here if same as Applicant

FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

Contact State

*Relationship

Zip Code/Postal Code

Country

Application Information

*3. Brief Waiver Application Description

Application Fees

*4. Will a fee be paid?

☐ Yes ☒ No

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

☐ Governmental Entity ☐ Noncommercial Educational License ☒ Other

*4.b. Fee exempt explanation.

Attachment(s)

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

Attachments/Confidential Treatment of Attachments

*6. 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

☐ *7. In submitting this form,

• The Applicant certifies that it has submitted all statements and exhibits to support this waiver request.

• 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.

8. Party Authorized to Sign

*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 312(a)), 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	Applicant/Licensee Legal Entity Type	Relationship	3. Brief Waiver Application Description	4.b. Fee exempt explanation.	
5. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.					
6. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?	7. In submitting this form,	First Name	Last Name	Title	Signature