

* Indicates required

FCC 214
ITC-WAV

FEDERAL COMMUNICATIONS COMMISSION
Waiver Application for International Section 214 Authorization

Not Yet Approved by OMB
3060-0686
Estimated Time Per Response: 1 hour
Edition Date: May 2025

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

1. Applicant Information

*FRN	
0027003144	
Name	Attention
private private private	private private private
Doing Business As (DBA)	Title
private	private
Street Address	Phone
private	privateprivate
Street Address 2	Fax
private	private private
City	Email
private	private@gmail.com
State	*Applicant/Licensee Legal Entity Type
	-- None --
Zip Code/Postal Code	
private	
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
	-- None --
Zip Code/Postal Code	
Country	

Application Information

*3. Brief Waiver Request Description.

Brief description

Application Fees

*4. Will a fee be paid?

☒ Yes ☐ No

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

Fee Amount

\$0

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

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
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

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Required Information

Applicant/Licensee Legal Entity Type Relationship 4.a. If yes, select the appropriate fee code for the application. 7. In submitting this form, First Name Last Name Title Signature