* Indicates required

FCC 214
ITC-STA

FEDERAL COMMUNICATIONS COMMISSION

International Section 214 Authorization Application for Special Temporary Authority

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

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

*Applicant/Licensee Legal Entity Type

-- None --

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

-- None --

Zip Code/Postal Code

Country

*3. Identify the Government, State, or Territory under the laws of which a corporate or partnership Applicant is organized.

Add | Remove All

Actions	(a) Applicant Name	(b1) Government where Applicant is Organized	(b2) State or Territory where Applicant is Organized
No data to display			

*4. Does the Applicant have any 10% or greater direct or indirect foreign owners?

(•) Yes ( ) No

Application Information

*5. Brief Description of the Request for Special Temporary Authority:

Authority Information

6. List the international section 214 authorizations subject to this Request for Special Temporary Authority:

Add | Remove All

Actions	(a) AuthID(s) or ICFS File Number(s)	(b) Name(s) of Submarine Cable System (if applicable)
No data to display		

*7. Indicate type of Request for Special Temporary Authority:

( ) 7.a. New Request (•) 7.b. Extension/Renewal ( ) 7.c. Other

*7.b.1. The FCC File Number for the related Special Temporary Authority

*8. Is this request for Special Temporary Authority associated with any pending applications filed with the Commission?

(•) Yes ( ) No

Identify the AuthID(s) or ICFS file number(s) associated with the pending application(s) for which special temporary authority is requested.

*8.a. ICFS File Number(s):

*8.b. ICFS AuthID(s):

*8.c. ULS:

*8.d. ECFS (Docket Nos.)

*9. Enter date by which the Applicant(s) seeks grant of the request for Special Temporary Authority:

YYYY-MM-DD

*10. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority (not to exceed 180 days):

Application Fees

*11. Will a fee be paid?

( ) Yes (•) No

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

( ) Governmental Entity (•) Noncommercial Educational License ( ) Other

Waivers

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

( ) Yes (•) No

Attachments

☐ *13. The Applicant has uploaded an attachment with the justification for the STA and all other information required by section 63.25 of the Commission's rules.

See 47 CFR § 63.25.

Attachments/Confidential Treatment of Attachments

*14. 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

☐ *15. In submitting this form,

• The Applicant certifies that it has provided in an attachment the justification for the STA and all other information required by section 63.25 of the Commission's rules.

• The Applicant acknowledges that the grant of the STA does not prejudice action by the Commission on the underlying applications.

• The Applicant acknowledges that grant of the STA is subject to revocation/cancelation or modification by the Commission on its own motion without a hearing.

• If this STA request is related to the provision of unauthorized service or an unauthorized transaction, the Applicant acknowledges that grant of this STA does not preclude enforcement action for non-compliance with the Communications Act of 1934, as amended, or the Commission's rules.

• 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.

16. 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)

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Review to Submit

Required information

FRN | Applicant/Licensee Legal Entity Type | FRN | Relationship | 3. Identify the Government, State, or Territory under the laws of which a corporate or partnership Applicant is organized. | 5. Brief Description of the Request for Special Temporary Authority: | 7.b.1. The FCC File Number for the related Special Temporary Authority | 8.a. ICFS File Number(s): | 8.b. ICFS AuthID(s): | 8.c. ULS: | 8.d. ECFS (Docket Nos.) | 9. Enter date by which the Applicant(s) seeks grant of the request for Special Temporary Authority: | 10. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority (not to exceed 180 days): | 13. The Applicant has uploaded an attachment with the justification for the STA and all other information required by section 63.25 of the Commission's rules. | 15. In submitting this form, | First Name | Last Name | Title | Signature