

* 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	
<input type="text"/>	
Name	Attention
<input type="text"/>	<input type="text"/>
Doing Business As (DBA)	Title
<input type="text"/>	<input type="text"/>
Street Address	Phone
<input type="text"/>	<input type="text"/>
Street Address 2	Fax
<input type="text"/>	<input type="text"/>
City	Email
<input type="text"/>	<input type="text"/>
State	*Applicant/Licensee Legal Entity Type
<input type="text"/>	<input type="text" value="-- None --"/>
Zip Code/Postal Code	
<input type="text"/>	
Country	
<input type="text"/>	

2. Contact Information

☐ Check here if same as Applicant

*FRN	
<input type="text"/>	
Name	Attention
<input type="text"/>	<input type="text"/>
Doing Business As (DBA)	Title
<input type="text"/>	<input type="text"/>
Street Address	Phone
<input type="text"/>	<input type="text"/>
Street Address 2	Fax
<input type="text"/>	<input type="text"/>
City	Email
<input type="text"/>	<input type="text"/>
Contact State	*Relationship
<input type="text"/>	<input type="text" value="-- None --"/>
Zip Code/Postal Code	
<input type="text"/>	
Country	
<input type="text"/>	

*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:

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:

*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/cancellation 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
<input type="text"/>	<input type="text"/>
* Last Name	Suffix
<input type="text"/>	<input type="text"/>
* Title	
<input type="text"/>	
* Signature	Date
<input type="text"/>	<input type="text"/>

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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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. U.S.:

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