**FCC Form 240**

**ROA-NEW**

**Not Yet Approved by OMB 3060-0357**

**May 2025**

**FEDERAL COMMUNICATIONS COMMISSION**

**Instructions for Filing a**

**Recognized Operating Agency Application**

**Office of International Affairs**

**ROA-NEW**

**Purpose of Form**

This form is used to apply for designation as a Recognized Operating Agency (ROA), as defined by the International Telecommunication Union (ITU) in paragraph 1008 of the Annex to the [[Constitution of the ITU](http://handle.itu.int/11.1004/020.1000/5)](http://handle.itu.int/11.1004/020.1000/5) and according to the requirements of [section 63.701](https://www.ecfr.gov/cgi-bin/text-idx?SID=58e9592267740a5a51727fd61f83955d&mc=true&node=se47.3.63_1701&rgn=div8) of the Federal Communication Commission’s (FCC or Commission) rules.

The information is used by the FCC to determine whether to recommend to the U.S. Department of State (State Department) that it designate the Applicant as an ROA for purposes of ITU participation. The State Department then makes the final decision whether to designate a company as a ROA, assisting the ROA with its application to the ITU to participate in that organization.

**Who Must File This Form and When**

Providers of telecommunications services, enhanced service providers, and operators of radio facilities licensed under Title III of the Communications Act of 1934, as amended (the Act) that wish to be designated as a ROA for participation in ITU activity must file this application prior to seeking ROA designation from the State Department.

**Description of Form**

This form consists of a main form and the ability to file an attachment to support the request. The Applicant is encouraged to upload a single document in machine readable format, including all required information. The Applicant must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

**Information Current and Complete**

Information filed in the application with the Commission must be kept current and complete under section [1.65](https://gov.ecfr.io/cgi-bin/text-idx?SID=fd59973f4873091746842bae50c2ba1b&mc=true&node=se47.1.1_165&rgn=div8) of the Commission’s rules. The Applicant or the party to the application must notify the Commission regarding any substantial and significant changes in the information furnished in the application while it remains pending.

* **ROA Amendment Form**. To amend a submitted application, use a separate form, ROA-AMD.

**Applicable Rules and Regulations**

The ROA filing requirements can be found in [section 63.701](https://www.ecfr.gov/cgi-bin/text-idx?SID=5b9ab25c6547079c5d74ad00cde99a96&mc=true&node=se47.3.63_1701&rgn=div8) of the Commission’s rules.

Applicants should refer to the Debt Collection Improvement Act of 1996. The Debt Collection Act requires all federal agencies ensure that no debtors to the Federal government obtain any licenses or other benefits from the FCC. To ensure this, the Commission must collect FRN information to correlate its Applicants with any outstanding Federal debt that they might have incurred in other dealings with the Federal government. For additional information, *see* the FCC’s Debt Collection webpage,

<https://www.fcc.gov/licensing-databases/fees/debt-collection-improvement-act-implementation>.

**Other ROA Forms**

* **ROA Amendment Form**. To amend a submitted application, use a separate form, ROA-AMD.
* **ROA Waiver Form**.
  + If needed, after an ROA application is approved, the Applicant may file a waiver request by using a ROA-WAV form.

**FCC Notice Required By The Paperwork Reduction Act**

We have estimated that each response to this collection of information (using in-house staff) will take 3 hours. Our estimate includes the time for in-house staff to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-0357), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

The Applicant is not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0357. This notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. Section 3507.

**For Assistance**

For technical assistance with completing the forms, contact the ICFS Helpline at (202) 418-2222 or [ICFSINFO@fcc.gov](mailto:ICFSINFO@fcc.gov). For general questions about the form requirements, contact the Office of International Affairs, Telecommunications and Analysis Division at [FCC-OIA-TAD@fcc.gov](mailto:FCC-OIA-TAD@fcc.gov) or at (202) 418-1480.

**FILING INSTRUCTIONS FOR MAIN ROA-NEW FORM**

**Applicant Information**

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with the Applicant’s FCC Registration Number (FRN).

When the Applicant enters its FRN, the Applicant Information will pre-populate with its FRN data in CORES. To modify these pre-populated data, update the data associated with the FRN in CORES.

Enter any missing data and sections that are not already populated from CORES, such as the “Applicant/Licensee Legal Entity Type” or “Doing Business As (DBA)” name.

**Contact Information**

Item 2. Identify the contact representative, if different from the Applicant. The contact information can be imported automatically from CORES if the Applicant supplied an FRN, but fields are still editable.

If the contact representative is the same as the person indicated in Item 1, then check the box “Same as Applicant.” If the contact representative is not the same as the Applicant, provide the requested information.

* Provide the name of a person in your organization, your outside counsel, or other representative whom we can contact if there are questions regarding your application. This person should have decisional authority over the contents of your application.
* Provide the Company name if different from the “Applicant” name in Item 1 or repeat “Company” name here.
* Provide the contact representative’s address, phone number, fax number, and email.
* Provide your “Doing Business As (DBA)” name. If the Applicant is not operating its business using a DBA, you may leave this section blank.
* Indicate how the contact person is related to the Applicant by making a selection from the drop-down menu. For example, select “Legal Counsel” if the contact is the Applicant’s counsel.

**Application Information**

Item 3. Provide a short description of what you are applying for. For example, state “This is an application for designation as a recognized operating agency for participation in Study Group 2 at the ITU.” This description will appear in the My Filings tab of your ICFS account page where all your applications are listed.

**Ownership Information**

**Type and Place of Organization**

Item 4. Select “Yes” if the Applicant is a corporate entity or other type of business organization; otherwise select “No” (e.g., if the Applicant is an individual).

Item 4a. If the Applicant selected “Yes” in Item 5, then choose the name of the place where the company was organized from the drop-down menu.

* For corporations, partnerships or limited liability companies organized in the United States, choose the name of the State.
* For corporations and other business entities organized outside the United States, choose the name of the country of organization.

**Applicant’s 10% Percent or Greater Owners**

Item 5. Identify every entity that owns 10% or more (both direct and indirect) of the Applicant.

In the table, enter the indicated information for all of the Applicant’s 10% or greater direct and indirect shareholders, or other equity holders. For example:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **a)**  **Name Entity/Individual** | **b)**  **Percentage owned** | **c)**  **Name of entity in which ownership is held** | **d)**  **Citizenship of Individual/Country of Incorporation** | **e)**  **Address** | **f)**  **Principal Business** |
| ABC Inc. | 90 | Applicant A | Canada | 123 Maple | Telecommunications holding company |
| ABC, LP | 100 | ABC Inc. | Canada | 123 Maple | Investment |
| XYZ Co. | 10 | Applicant A | USA | 123 Elm | Telecommunications |

Item 6. The Applicant must submit a separate statement describing ownership of non-corporate applicants or ownership of the stock of a corporate application. For this statement, you must indicate whether the Applicant, corporate and non-corporate alike, has any foreign ownership.

**Requirements Pursuant to 47 CFR § 63.701**

Item 7. If the Applicant is a corporate Applicant, it must confirm that it has attached copies of its corporate bylaws and articles of incorporation.

Item 8. For this item, select the option(s) that best describe(s) the Applicant.

Item 9. The Applicant must confirm that it has attached a statement explaining that the services for which designation as a ROA is sought will be extended to a point outside the United States or are capable of causing harmful interference to radio transmissions of another country or countries.

The statement should indicate the country(s) to which service will be extended or where harmful interference may occur and include a description of the nature of the services to be provided.

If the Applicant is a common carrier or operator of radio facilities, it should provide its authorization or license number and a citation to the order, public notice, or other document by which the Commission authorized it.

Item 10. The Applicant must confirm that it has attached a statement setting forth the points between which the services are to be provided (e.g., the specific foreign points and the U.S. points). This information can be provided in the statement described in item 10, or in a separate statement.

Item 11. The Applicant must confirm that it has attached a statement indicating whether the services for which it is seeking to be designated as ROA are provided by facilities owned by the Applicant, by facilities leased from another entity, or some other arrangement and a description of the arrangement.

Item 12. The United States is a Signatory to the Constitution and Convention of the International Telecommunication Union (ITU) and a Member of the Union. Article 6 of the ITU Constitution requires ITU Members to abide by the ITU Constitution, Convention, International Radio Regulations and the International Telecommunication Regulations. Article 6 also obligates Members to impose these obligations on operating agencies it authorizes or allows to operate within and across the border. This question requires you to publicly acknowledge that you are aware of your obligations and to state your willingness to fulfill those obligations. To do this, you should answer “Yes.” The United States will not grant ROA status to any Applicant that does not answer “Yes” to this question.

**Application Fees**

Item 13. An application fee is required for this form. If you are exempt from the application fee select “No.” Otherwise, select “Yes.”

**Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid.** To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](https://gov.ecfr.io/cgi-bin/text-idx?SID=fd59973f4873091746842bae50c2ba1b&mc=true&node=sp47.1.1.g&rgn=div6)) and the current Fee Filing Guide. The current Fee Filing Guide can be downloaded from the FCC’s website at https://www.fcc.gov/licensing-databases/fees/application-processing-fees, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or from the FCC’s Fax Information System by dialing 1-866-418-0232.

Items 13a and 13b. If the Applicant is claiming a fee exemption it must select a reason in question 13a. An attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees must be submitted. If the reason is “Other,” briefly describe your rationale in the text box provided. If a request for waiver/deferral of the FCC application fees has been filed with the FCC, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment in Item 15. ­If the Applicant answered “Yes” to question 13, it must select the correct fee code in question 13b. The fee code is DAL. Select this fee code.

**Waiver­s**

Items 14 and 14.a. Indicate whether this Application includes a request for waver of any Commission rules by checking “Yes” or “No.” If “Yes,” list the rules for which a waiver is sought in Item 14.a. Provide an explanation for the waiver request in an attachment, along with other material information. Note that a waiver associated with the filing requirements for a new ROA request must be submitted as part of the ROA-NEW form. A separate ROA-WAV application is not necessary.. The Applicant may attach the waiver request statement by clicking the button in Item 14b or in the Attachments/Confidential Treatment of Attachments that follows.

**Attachments/Confidential Treatment of Attachments**

Item 15. If the Applicant is requesting confidential treatment for any of its attachments, answer “Yes” to this question Otherwise, answer “No.” If the Applicant answers “Yes” in Item 15, then it 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 which follows below.

The Applicant can upload attachments in this section of the application. The Applicant will identify the attachment(s) with a short name to easily identify the information included in each attachment.

**Note:** Each document required to be filed as an attachment should be current as of the date of filing. Each page of every attachment must be identified with the number or letter, the number of the page, and the total number of pages.

In this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can describe the attachment. Also after uploading, the Applicant can click the confidential treatment button next the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment, and a public supporting statement justifying the confidentiality request. Identify in the attachment the applicable rule(s) and provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

Item 16. If the Applicant is including a waiver request with this application (i.e., it responded “yes” to Item 14), then it must click the checkbox here to indicate that it has uploaded a justification for the waiver request, including identification of rule numbers involved and any other material information.

**General Certification Statements**

Item 17. The Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include:

* **Submission of statements and exhibits required by 47 CFR § 63.701.** All applicants must certify that they have submitted all necessary statements and exhibits required by 47 CFR §63.701.
* **Section 5301 of the Anti-Drug Act of 1988 certification.** All applicants must certify that neither they 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 Act of 1988, 21 U.S.C. Section 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.
* **Application is true and correct**. All applicants must certify that all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

**Party Authorized to Sign**

Item 18. Enter all of the requested information. Willful false statements are punishable by fine and or/imprisonment (U.S. Code, Title 18, Section 1001). By signing this, you certify that you are a party authorized to sign and all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Enter the title of the person signing the application. If the applicant is a corporation or other business entity, the person submitting the application must be an officer.

Do not enter the date in the last box. The date will be filled automatically upon submission of the application.

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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).