* Indicates required

FCC 220
SCL-WAV

FEDERAL COMMUNICATIONS COMMISSION

Waiver Application for Submarine Cable Landing License

Not Yet Approved by OMB
3060-0944
Estimated Time Per Response: 1 hour
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

-- 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

Application Information

*3. Brief Waiver Request 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).)
- 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 35), 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 Request Description. | 4.a. If yes, select the appropriate fee code for the application. | 5. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information. | 7. In submitting this form, | First Name | Last Name | Title | Signature