

* Indicates required

FCC 220
SCL-STA

FEDERAL COMMUNICATIONS COMMISSION

Submarine Cable Landing License Application for Special Temporary Authority

Not Yet Approved by OMB
3060-0944
Estimated time per response: 1 hour
Edition date: May 2025

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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

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

Zip Code/Postal Code

Country

Application Information

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

4. COOP Event - Select an option here if this is related to an FCC designated emergency event.

Authority Information

*5. Name of Cable System

Actions	(a) File Number(s)	(b) AuthID(s)	(c) Name of Cable System
No data to display			

*6. Identify all Applicants/Licensees of the cable landing license and identify the Government, State, or Territory under which the Applicant(s)/Licensee(s) is organized.

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

*7. Does any Applicant/Licensee for the cable landing license have any 10% or greater direct or indirect foreign owners?

Yes No

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

8.a. New Request 8.b. Extension/Renewal 8.c. Other

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

*9. Is this request for Special Temporary Authority associated with an application that is pending with the Commission?

Yes No

Identify the ICFS File Number(s) or AuthID(s) and, if applicable, the ULS File Number(s) and/or Docket Number(s) associated with the pending application(s) for which special temporary authority is requested.

*9.a. ICFS File Number(s)

*9.b. ICFS AuthID(s)

*9.c. ULS

*9.d. Docket Number

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

YYYY-MM-DD

*11. Enter the duration (i.e., number of days from grant) for which the Applicant(s) seeks Special Temporary Authority (no more than 180 days):

Application Fees

*12. Will a fee be paid?

Yes No

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

Governmental Entity Noncommercial Educational License Other

*12.b. Fee exempt explanation.

Waivers

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

Yes No

If yes, attach the request with a supporting narrative and documentation.

*13.a. Identify the rule section(s) for which a waiver is sought below.

Attach a statement explaining the waiver request and identifying the rule number(s) involved:

* Attach File

Attachments

* 14. 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.

* 15. The Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along with other material information.

Yes N/A

Attachments/Confidential Treatment of Attachments

* 16. 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.

Table with 5 columns: Attachment No., File Name, Description of Attachment, Confidential, Action

No Attached Files

Attach File

General Certification Statements

- * 17. 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 application(s).
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.
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.

18. Party Authorized to Sign

Form fields for 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)

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Required information

Summary of required information fields: FRN, Applicant/Licensee Legal Entity Type, Relationship, Brief Description of the Request for Special Temporary Authority, Name of Cable System, etc.

15. The Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along with other material information. First Name Last Name Title Signature
