

\* Indicates required  
FCC 308

# FEDERAL COMMUNICATIONS COMMISSION

## Application for Permit to Deliver Programs to Foreign Broadcast Stations

FOR OFFICAL USE ONLY

Approved by OMB No. 3060-1133  
Estimated time per response: 1-2 hours  
Edition date: May 2025

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[See Instructions](#) [Print Form](#)

### 1. Applicant Information

\* Enter a description of this application to identify it on the main menu:

\* FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

State

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

State

\* Relationship

Zip Code/Postal Code

Country

\* 3. Legal Identity of Applicant:

- Individual  Partnership  Corporation  Unincorporated Association  Other

\* 4. Application is for:

New Authorization

5. If Applicant is an individual, is applicant a citizen of the United States?

- Yes  No

6. If Applicant is a partnership, are all partners citizens of the United States?

- Yes  No

7. If Applicant is a corporation:

a. Under laws of what state was it organized:

[Text input field]

b. Is more than one-fifth of the capital stock of the corporation owned of record or may it be voted by aliens or their representatives or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

- Yes  No

c. Is any officer or director of the corporation an alien?

- Yes  No

d. Is Applicant directly or indirectly controlled by any other corporation?

- Yes  No

e. Is more than one-fourth of the capital stock of the controlling corporation either owned of record, or may it be voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?

- Yes  No

f. Is any officer or more than one-fourth of the directors of the corporation an alien?

- Yes  No

g. Is the above-described controlling corporation in turn a subsidiary?

- Yes  No

8. If the Applicant is an unincorporated association, give the following:

Total number of members

Number of Alien Members (if any)

[Text input field]

[Text input field]

\*9. a. What is Applicant's principal business?

[Text input field]

\*b. Does Applicant or any party to this application have any interest in, or connection with, any AM, FM, or TV broadcast station (either domestic or foreign), or any application pending before the Commission?

- Yes  No

\*10. Is Applicant a representative of an alien or of a foreign government?

- Yes  No

\*11. a. Has any radio station authorization previously issued to the Applicant or party to this application been revoked, either by the Commission or by any court?

- Yes  No

\*b. Has any previous Application by the applicant or party to this application been denied by the Commission or by a predecessor agency?

- Yes  No

\*12. a. Has Applicant or any party to this application been found guilty of any felony by any court?

- Yes  No

\*b. Has Applicant or any party to this application been finally adjudged guilty by a federal court of the violation of the laws of the United States relating to unlawful monopoly, restraint of trade, and or unfair methods of competition?

- Yes  No

\*13. a. Address of studio or other place at which programs will originate:

[Text input field]

\*b. Telephone contact number:

\*c. Email address:

[Text input field]

[Text input field]

\*14. State the ownership of originating facilities:

[Text input field]

\*15. a. Describe the means whereby programs will be delivered to foreign station(s), including the names of any interconnecting common carriers. Means of Transmissions include but are not limited to the following:

- Dedicated Wireline
 Internet (IP)
 Public Switched Telephone Network (PSTN)
 Private Microwave
 Private Radio (Remote Pickup)
 Common Carrier Microwave
 Common Carrier Radio
 Satellite
 Other

b. List all call signs of private transmitters in the United States:

Table with columns: Actions, Call Sign, Company Name. Includes 'Add' and 'Remove All' buttons.

Actions	Call Sign	Company Name
No data to display		

\* 16. Coordinated foreign station to which programs will be provided:

- AM Station
- FM Station
- TV Station

17. Attach as Exhibit 17 a full explanation of the legal relationship between the Applicant and foreign station(s) involved, including a copy of contract (if any) with foreign station(s).

\*

18. a. Attach as Exhibit 18a a statement as to whether program deliveries are to be intermittent or regularly scheduled, and the average number of hours, per day week and or month during which the foreign station(s) involved will broadcast such programs.

\*

b. Attach as Exhibit 18b a detailed description of the nature and character of the programming proposed and the language to be employed.

\*

**General Certification Statements**

\* 19. By checking here, the applicant certifies the following:

- 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 of 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.

\* 20. Equal Employment Opportunity (EEO). If the Applicant proposes to employ five or more full-time employees, Applicant certifies that it is filing simultaneously with this Applicant a Model EEO Program Report on FCC Form 396-A.

- Yes  No

**Application Fees**

\* 21. Will a fee be paid?

- Yes  No

**Waivers**

\* 22. Does the Applicant request a waiver(s) of the Commission's rules?

- Yes  No

**Attachments/Confidential Treatment of Attachments**

\* 23. 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				

\*

**Certification**

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.

24. 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 APPLICATION 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 (US Code, Title 18, Section 1001),  
AND/OR REVOCATION OF ANY STATION AUTHORIZATION  
(US Code, Title 47 Section 312(a)), AND/OR FORFEITURE (US Code, Title 47 Section 503)

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Required information

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b. Does Applicant or any party to this application have any interest in, or connection with, any AM, FM, or TV broadcast station (either domestic or foreign), or any application pending before the Commission?

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b. Has any previous Application by the applicant or party to this application been denied by the Commission or by a predecessor agency?  12. a. Has Applicant or any party to this application been found guilty of any felony by any court?

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22. Does the Applicant request a waiver(s) of the Commission's rules?  23. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?  First Name  Last Name  Title  Signature