

* Indicates required
FCC 308

Approved by OMB No. 3060-1133
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Edition date: May 2025

FEDERAL COMMUNICATIONS COMMISSION

Application for Permit to Deliver Programs to Foreign Broadcast Stations - Special Temporary Authority

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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:

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)

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

*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:

*b. Telephone contact number:

*c. Email address:

*14. State the ownership of originating facilities:

*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:

Actions	Call Sign	Company Name

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.

*

19. Attach as Exhibit 19 the circumstances for requesting special temporary authority.

*

General Certification Statements

*20. 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.

*21. 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

*22. Will a fee be paid?

- Yes No

Waivers

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

- Yes No

* Requested STA Start Date

YYYY-MM-DD

* Reference File Number

Attachments/Confidential Treatment of Attachments

*24. 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.

25. Party Authorized to Sign

* First Name

MI

* Last Name

Suffix

* Title

*Signature

Date

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?

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?

13. a. Address of studio or other place at which programs will originate: b. Telephone contact number: c. Email address: 14. State the ownership of originating facilities:

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:

16. Coordinated foreign station to which programs will be provided: 20. By checking here, the applicant certifies the following:

21. 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. 22. Will a fee be paid?

23. Does the Applicant request a waiver(s) of the Commission's rules? Requested STA Start Date Reference File Number 24. 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