

\* Indicates required  
FCC 427-IHF-PTA

FEDERAL COMMUNICATIONS COMMISSION  
Application for International High Frequency  
Program Test Authority  
FOR OFFICIAL USE ONLY

Approved by OMB No. 3060-1035  
Estimated time per response: 2 Hours  
Edition date: May 2025

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Selects 310 form

1. Applicant Information

\*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 Licensee

FRN

Name

\*Attention

Doing Business As (DBA)

\*Title

Street Address

\*Phone

Street Address 2

Fax

City

\*Email

State

\*Relationship

Zip Code/Postal Code

Country

**Application Information**

\* 1. Brief Application Description

[Empty text box for Brief Application Description]

\* 2. Begin Date

YYYY-MM-DD [Calendar icon]

\* 3. End Date

YYYY-MM-DD [Calendar icon]

**Waivers**

\* 1. Does the Applicant request a waiver(s) of the Commission's rules?

Yes  No

**Attachments/Confidential Treatment of Attachments**

\* 1. 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				

Attach File [Icon]

**General Certification Statements**

\* In submitting this form

- 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).)
- The Applicant confirms its understanding that it hereby waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application. (See Section 304 of the Communications Act of 1934, as amended.)
- The Applicant confirms its understanding that it represents that this application is not filed for the purpose of impeding, obstructing, or delaying determination on any other application with which it may be in conflict.
- The Applicant acknowledges that all the statements made in this application and attached exhibits are considered material representations, and that all the exhibits are a material part hereof and are incorporated herein as is set out in full the application.
- 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.

\* First Name

[Text box for First Name]

MI

[Text box for MI]

\* Last Name

[Text box for Last Name]

Suffix

[Text box for Suffix]

\* Title

[Text box for Title]

\* Signature

[Text box for Signature]

Date

2026-04-28

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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Review to Submit

Required information

- FRN
- Attention
- Title
- Phone
- Email
- Relationship
- 1. Brief Application Description
- 2. Begin Date
- 3. End Date
- 1. Does the Applicant request a waiver(s) of the Commission's rules?
- In submitting this form
- First Name
- Last Name
- Title
- Signature