

ITC-ASG/TC Form

FCC [[#]]
ITC-
ASG/TC

FCC Application for Assignment or Transfer of Control of an International Section 214 Authorization

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[\[link to instructions\]](#)

International Section 214 Authorization Holder Information

1. Authorization Holder Information.

- FRN [\[text box\]](#)
- Legal Entity Type (Select One)
 - Individual: [\(check box\)](#)
 - Unincorporated Association: [\(check box\)](#)
 - Government Entity: [\(check box\)](#)
 - Corporation: [\(check box\)](#)
 - Limited Liability Company: [\(check box\)](#)
 - General Partnership: [\(check box\)](#)
 - Limited Partnership: [\(check box\)](#)
 - Limited Liability Partnership: [\(check box\)](#)
 - Other: [\(check box and a fill-in box\)](#)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to [\(imported from CORES during authentication\)](#)

2. Contact Information.

- **Check here if same as Applicant:** [\(check box\)](#)
- **(If different from the Applicant):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email [\(individual fields are editable\)](#)

Assignor/Transferor Information

3. Assignor/Transferor Information:

- FRN [\[text box\]](#)
- Legal Entity Type (Select One)

- Individual: (check box)
 - Unincorporated Association: (check box)
 - Government Entity: (check box)
 - Corporation: (check box)
 - Limited Liability Company: (check box)
 - General Partnership: (check box)
 - Limited Partnership: (check box)
 - Limited Liability Partnership: (check box)
 - Other: (a check box and a fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)

4. Assignor/Transferor Contact Information:

- Check here if same as Assignor/Transferor: [check Box]
- (If different from the Assignor/Transferor): Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email (individual fields are editable)

Assignee/Transferee Information

5. Assignee/Transferee Information:

- FRN [text box]
- Legal Entity Type (Select One)
 - Individual: (check box)
 - Unincorporated Association: (check box)
 - Government Entity: (check box)
 - Corporation: (check box)
 - Limited Liability Company: (check box)
 - General Partnership: (check box)
 - Limited Partnership: (check box)
 - Limited Liability Partnership: (check box)
 - Other: (check box and fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication)

6. Assignee/Transferee Contact Information.

- Check here if same as Assignee/Transferee: (check box)

- **(If different from the Assignee/Transferee):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; **(individual fields are editable)**

7. Additional Assignee/Transferee Contacts.

- The Applicant must designate a point of contact who is located in the United States and is a U.S. citizen or lawful U.S. permanent resident, for the execution of lawful requests and as an agent for legal service of process. See 47 CFR § 63.18(q)(1)(iii).

7a. Contact for execution of lawful requests.

FRN **[text box]**

Individual Name: **[text box]**

Company: **[text box]**

Telephone number: **[text box]**

Fax number: **[text box]**

Email: **[text box]**

Complete business address **[text box]**

Alternate contact for execution of lawful requests (optional)

(check box) Select if alternate contact has been designated.

[If check box is selected, then Applicant fills in the following information.]

FRN **[text box]**

Alternate Individual Name: **[text box]**

Alternate Company: **[text box]**

Alternate Telephone number: **[text box]**

Alternate Fax number: **[text box]**

Alternate Email: **[text box]**

Alternate Complete business address: [text box]

7b. Agent for legal service of process

(check box) Select if agent is same as contact for execution of lawful requests.

[If check box is not selected, then Applicant fills in the following information.]

FRN [text box]

Individual Name: [text box]

Company: [text box]

Telephone number: [text box]

Fax number: [text box]

Email: [text box]

Complete business address: [text box]

Alternate contact for execution of lawful requests (optional)

(check box) Select if alternate contact has been designated.

[If check box is selected, then Applicant fills in the following information.]

FRN [text box]

Alternate Individual Name: [text box]

Alternate Company: [text box]

Alternate Telephone number: [text box]

Alternate Fax number: [text box]

Alternate Email: [text box]

Alternate Complete business address: [text box]

8. Identify the Government, State, or Territory under the laws of which a corporate or partnership Assignee/Transferee and Assignor/Transferor is organized.

[Drop-down menu with list of countries and states if United States is selected with the ability to add/remove]

(a) Applicant Name (the transferor/assignor and the transferee/assignee names)	(b) Government, State, or Territory where Applicant is Organized

Application Information

9. Enter the name of the Authorization Holder(s) and AuthID(s) and associated file number(s) (ITC-LIC or ITC-MOD) of the Authorization Holder(s) subject to this transaction.

[[Draw the following table for text entry:]]

(a) AuthID	(b1) Name of Authorization Holder	(b2) File Number of Current Authorization Holder

10. Brief Description of the Transaction: (editable field)

11. Is this an assignment of authorization or transfer of control?

- a. (check box) Assignment of authorization
- b. (check box) Transfer of control

12. Is this a pro forma or substantive transaction?

- a. (check box) Substantive
- b. (check box) Pro forma

[If 11a and 12a are checked, the questions and tables in “Supplement A/Substantive Assignment” should be filled out.]

[If 11a and 12b are checked the questions and tables in “Supplement B/Pro Forma (Non-Substantive) Assignment” should be filled out.]

[If 11b and 12a are checked the questions and tables in “Supplement C/Substantive Transfer of Control” should be filled out.]

[If 11b and 12b are checked the questions and tables in “Supplement D/Pro Forma (Non-Substantive) Transfer of Control” should be filled out.]