

**FEDERAL COMMUNICATIONS COMMISSION**  
**Instructions to File a Submarine Cable Landing License**  
**Application for Special Temporary Authority**  
**Office of International Affairs**

**SCL-STA**

**Purpose of Form**

This form is used to request the Federal Communications Commission (Commission) to grant Special Temporary Authority (STA) to Applicant(s) to provide temporary service for a period not exceeding 6 months (180 days) or emergency service arising from an immediate need occasioned by conditions unforeseen by, and beyond the control of, the Applicant(s).

**Who Must File This Form and When**

The following entities must file this form to request an STA:

- Applicant(s) seeking to commence construction of or commercial service on a cable system while the cable landing license is pending Commission approval;
- Applicant(s) who have been providing service on a cable system without first obtaining Commission consent;
- Applicant(s) that consummated a transaction without prior Commission consent; or
- Applicant(s) seeking to provide emergency service arising from an immediate need occasioned by conditions unforeseen by, and beyond the control of, the Licensee.

**Description of Form**

This form provides the basis for the grant of a request for STA filed by an Applicant(s). This form consists of a main form and the ability to file an attachment to support the STA request. The Applicant(s) is encouraged to upload a single document in machine readable format, including all required information. The Applicant(s) must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

**Information Current and Complete**

Information filed in the application with the Commission must be kept current and complete under [section 1.65](#) of the Commission's rules. 47 CFR § 1.65.

To amend a submitted STA request, use the SCL-AMD form.

**Applicable Rules and Regulations**

[Section 63.25](#) of the Commission's rules applies to requests for an STA. 47 CFR § 65.25.

The FCC derives its authority to grant, regulate and impose conditions on submarine cables from:

- Cable Landing License Act of 1921 (Cable Landing License Act) and the 1954 Executive Order No. 10530. 47 U.S.C. §§ 34-39; Exec. Order No. 10530 § 5(a) (May 10, 1954); reprinted as amended in 3 U.S.C. §301.
- Communications Act of 1934, as amended (Act); 47 U.S.C. § 151 *et. seq.*
- Commission rules, 47 CFR §§ 1.767, 1.768, §§ 63.18 (h), (o), (p), (q); § 63.10 (a).

- Review of Commission Consideration of Applications under the Cable Landing License Act, IB Docket No. 00-106, Report and Order, 16 FCC Rcd 2167 (2001).

Applicant(s) should refer to the Debt Collection Improvement Act of 1996. The Debt Collection Act requires all federal agencies ensure that no debtors to the Federal government obtain any licenses or other benefits from the FCC. To ensure this, the Commission must collect FRN information to correlate its Applicants with any outstanding Federal debt that they might have incurred in other dealings with the Federal government. For additional information, see the [FCC's Debt Collection webpage](#).

#### **Other Submarine Cable (SCL) Forms**

- **SCL-LIC Form.**
  - This form is used to apply for a cable landing license.
- **SCL-AMD Form.**
  - This form is used to amend a pending application related to a cable landing license.
- **SCL-LPN Form.**
  - This form is used to file the precise location of a cable landing station if such information was not included in the cable landing license application or to request to modify a cable landing license to add a new landing location. The notification must be filed no later than ninety (90) days prior to construction of a landing location.
- **SCL-ASG&TC Form.**
  - This form is used for an assignment of a cable landing license or the transfer of control of a licensee. The form is used for both substantive and pro forma transactions.
- **SCL-MOD Form.**
  - This form is used to modify an existing cable landing license, for example to add or remove a licensee or to add a new landing point.
- **SCL-FCN Form.**
  - The form is used by a licensee to notify the Commission of new foreign carrier affiliation(s).
- **SCL-RPT Form.**
  - This form is used to file the required quarterly reports of any licensee affiliated with a foreign carrier with market power in a destination country of the cable system in accordance with [section 1.767\(l\)](#) of the Commission's rules.
- **SCL-RWL Form.**
  - This form is used to request renewal of an existing cable landing license.
- **SCL-WAV Form.**
  - An individual or entity may request a waiver of the Commission's rules by filing an SCL-WAV form.

#### **FCC Notice Required By The Paperwork Reduction Act**

We have estimated that on average each response to this collection of information (using in-house staff) will take one hour. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-0944), Washington, DC 20554.

The Applicant is not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number. This collection has been assigned an OMB control number of 3060-0944. This notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. Section 3507.

**For Assistance**

For technical assistance with completing the forms, contact the ICFS Helpline at (202) 418-2222 or [ICFSINFO@fcc.gov](mailto:ICFSINFO@fcc.gov). For general questions about the form requirements, contact the Office of International Affairs, Telecommunications and Analysis Division at (202) 418-1480 or at [FCC-OIA-TAD@fcc.gov](mailto:FCC-OIA-TAD@fcc.gov).

## FILING INSTRUCTIONS

### **Applicant Information**

Remember to save your draft application periodically by clicking the save button. ICFS will time-out out after 15 minutes of no activity, and failure to save will result in loss of any information entered into the application form after the last save.

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with the Applicant's FCC Registration Number (FRN). If there are multiple Applicants on whose behalf this request for an STA is submitted, the lead Applicant shall enter its information in Item 1.

When the Applicant enters its FRN, the Applicant Information will pre-populate with its FRN data in CORES. To modify these pre-populated data, update the data associated with the FRN in [CORES](#). However, a few fields are editable in this item in the SCL-STA form (Attention, Title, Phone, Fax, and Email fields are editable).

Enter any missing data and sections that are not already populated from CORES, such as the "Applicant/Licensee Legal Entity Type" field.

### **Contact Information**

Item 2. Identify the contact representative, if different from the Applicant. The contact information can be imported automatically from CORES if the Applicant supplies an FRN, but fields are still editable. If the contact representative is the same as the person indicated in Item 1, then check the box "Check here if same as Licensee." If the contact representative is not the same as the Applicant, provide the requested information.

- Provide the name of a person in your organization, your outside counsel, or other representative whom we can contact if there are questions regarding your application. This person should have decisional authority over the contents of your application.
- Provide the Company name if different from the "Applicant" name in Item 1 or repeat "Company" name here.
- Provide the contact representative's address, phone number, fax number, and email.
- Provide your "Doing Business As (DBA)" name. If the Applicant is not operating its business using a DBA, you may leave this section blank.
- Indicate how the contact person is related to the Applicant by selecting a choice from the drop-down "Relationship" menu. For example, select "Legal counsel" if the contact is the Applicant's counsel. Selecting "Other" will open a text box for entry of a description of the relationship.

### **Application Information**

Item 3. Provide a brief description of the STA request. For example, "Request for Special Temporary Authority (STA) to start construction of ABC cable system while the cable landing license application, SCL-LIC-XXXXXXXX-XXXXX, is pending FCC approval."

Item 4. Select an option from the drop-down menu if the STA request is related to an FCC designated emergency event.

### **Authority Information**

Item 5. Provide the name of the cable system, the ICFS File Number(s) (i.e., SCL-LIC- XXXXXXXX-XXXXX or SCL-MOD-XXXXXXXX-XXXXX), and the AuthID(s) for the cable landing license.

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Item 6. In the table, enter the name of each Applicant(s)/Licensee(s) of the cable landing license. Identify the place of organization of each Applicant(s)/Licensee(s) by using the drop-down menu of countries. If the place of organization is in the United States, use the drop-down menu to identify the state or territory.

Item 7. Indicate whether any Applicant has a 10% or greater direct or indirect foreign owner by checking “Yes” or “No.”

Item 8. Indicate the “type of Request for Special Temporary Authority” by checking one of the listed options:

- New Request
- Extension/Renewal. If the type of STA request is extension or renewal, provide the FCC ICFS File Number for the related STA (i.e., SCL-STA-XXXXXXXX-XXXX).
- Other. If other, provide an explanation in the fill-in box.

Item 9. Indicate whether this STA request is associated with any pending applications before the Commission by checking “Yes” or “No.” If Yes, provide 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.

Item 10. Enter the date by which the Applicant(s) seeks grant of this STA request.

Item 11. Enter the duration for which the Applicant(s) seeks the STA, i.e., the number of days from date of grant (the maximum is 180 days).

## **Application Fees**

Item 12. An application fee is required for this form. Indicate whether the Applicant(s) is exempt from the application fee and whether a fee will be paid by selecting “Yes” or “No” in response to question 12. **Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid.** To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current Fee Filing Guide. The current Fee Filing Guide can be downloaded from the FCC’s website at <http://www.fcc.gov/fees>, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or by faxing your request to the FCC’s Fax Information System at 1-866-418-0232.

If the Applicant(s) claims a fee exemption by answering “No” to question 12, it must select a reason by checking one of the listed options. An attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees must be submitted. If the reason is “Other,” briefly describe the rationale in the text box provided. If a request for waiver/deferral of the FCC application fees has been filed with the FCC, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment.

If the Applicant(s) answers “Yes” to question 12, it must select the correct fee code here. The fee code is DAE. Select this fee code.

## **Waivers**

Item 13. Indicate whether the Applicant(s) requests a waiver of any Commission rules by checking “Yes” or “No.” If “Yes,” identify the rules for which a waiver is sought in the fill-in box. Provide an explanation for the waiver request in an attachment, along with other material information.

## **Attachments**

For Items 14 and 15, the Applicant(s) must check the box or radial button showing for each of the following items indicating that it has included the described attachment or that the attachment is not applicable, as appropriate.

Item 14. The Applicant(s) has uploaded an attachment with the justification for the STA request and all other relevant information.

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

## **Attachments/Confidential Treatment of Attachments**

Item 16. If the Applicant(s) is requesting confidential treatment for any of its attachments, answer this question “Yes.” Otherwise, answer “No.”

If the Applicant(s) answers “yes” in item 16, then it 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(s) must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section which follows below. The Applicant(s) can upload attachments in this section of the application. The Applicant(s) will identify the attachment(s) with a short name for easy identification of the information included in each attachment.

**Note:** Each document required to be filed as an attachment should be current as of the date of filing. Each page of every attachment must be identified with the number or letter, the number of the page, and the total number of pages.

In this item, the Applicant(s) may use the upload button to upload its attachments. After uploading, the Applicant(s) can describe the attachment. Also after uploading, the Applicant(s) can click the confidential treatment button next to the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment and a public supporting statement justifying the confidentiality request. Identify in the attachment the applicable rule(s) and provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

## **General Certification Statements**

Item 17. In order to submit the application, the Applicant(s) must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. If there are multiple applicants for this STA request, checking the box shall signify that all of the Applicants certify that they will comply with these requirements. These requirements include:

- The Applicant(s) certifies that it has provided in an attachment the justification for the request for STA and all other relevant information.
- The Applicant(s) acknowledges that grant of the request for STA does not prejudice action by the Commission on the underlying application(s).
- The Applicant(s) acknowledges that grant of the request for STA is subject to revocation/cancellation or modification by the Commission on its own motion without a hearing.
- If this request for STA is related to the provision of unauthorized service or an unauthorized transaction, the Applicant(s) acknowledges that grant of this request for STA does not preclude enforcement action for non-compliance with the Communications Act of 1934, as amended, or the Commission’s rules.
- The Applicant(s) certifies that neither it nor any other party to the application is subject to a

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denial of Federal benefits, including FCC benefits pursuant to Section 6301 of the Anti-Drug Act of 1988, 21 U.S.C. Section 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(s) 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.

### **Party Authorized to Sign**

Item 18. Enter all the requested information. Willful false statements are punishable by fine and or/imprisonment (U.S. Code, Title 18, Section 1001). By signing this, you certify that you are a party authorized to sign and all statements made in this application and in the attachment or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.

Enter the title of the person signing the application. If the Applicant is a corporation or other business entity, the person submitting the application must be an officer.

The Applicant does not enter a date. ICFS will fill in the date automatically with the date on which the application is submitted.

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).