

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0584
See page 3 for information
regarding public burden estimate

**APPLICATION FOR CERTIFICATION
AS AN ACCOUNTING AUTHORITY**

(FCC USE ONLY)	
Approved:	Yes <input type="checkbox"/> Assigned AAIC [<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>] No <input type="checkbox"/> Reason for Denial Attached

INSTRUCTIONS: This application is to be used to apply to become an Accounting Authority in accordance with Part 3 of the Commission's rules. Complete all items and mail the original and two copies of your application, together with a copy of any applicable Articles of Incorporation and/or Bylaws, to the following address:

**ACCOUNTING AUTHORITY CERTIFICATION OFFICER
FINANCIAL OPERATIONS Room 1-A625
FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554**

Please allow up to six weeks to process your application. (NO FEE REQUIRED)
Failure to respond to all items may result in your application being returned without action. Please review the application carefully and ensure that the application is signed by the appropriate official(s) and that all required information is provided.

Name of Applicant - (Individual): (Last, First MI)

Name of Applicants - (Partnership)

Name of Applicant - (Corporation):

Are you currently an Accounting Authority? **Yes** **No**

If yes, show your current AIC here: []

BUSINESS ADDRESS:	ADDRESS WHERE SETTLEMENTS WILL ACTUALLY BE PROCESSED:
STREET ADDRESS:	STREET ADDRESS:
CITY:	CITY:
STATE:	STATE:
ZIP CODE:	ZIP CODE:
COUNTRY:	COUNTRY:
NORMAL BUSINESS HOURS:	TELEPHONE NUMBER (Include Area Code):

APPLICANT ANTI-DRUG CERTIFICATION: By checking "YES", the applicant certifies that, in the case of an individual applicant, he or she is not subject to denial of federal benefits, that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862, or in the case of a non-individual applicant (e.g., corporation, partnership, or other unincorporated association), no party to the applicant is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section.
For the definition of "party" for these purposes see 47 CFR 1.2002(b). **Yes** **No**

Willful false statements made on this form can be cause for denial, suspension or cancellation of Accounting Authority Certification and are punishable by fine and/or imprisonment. (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code Title 47, Section 503).

QUALIFICATIONS: *(Use additional sheets if necessary):*

Detail any prior relevant qualifying experience as well as how you plan to conduct settlements. Your statement should provide sufficient information for the Commission to determine if you are qualified to perform settlements.

Will you be settling accounts for U.S. licensed vessels? **Yes** ___ **No** ___

Structure of Company or Corporation *(Use additional sheets if necessary):*

Please provide a brief summary describing the structure of your settlement operation as it relates to your overall company or corporate structure. Provide a copy of your Articles of Incorporation and/or Bylaws.

PROJECTED STAFFING:

(Settlement Function Only)

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Evidence of Financial Responsibility: All applicants who intend to settle accounts for U.S. licensed ship stations must provide evidence of their financial responsibility. Data to support your claim may consist of a formal financial statement or other documentation that proves all assets, liabilities, income and expenses.

Type of evidence provided: _____

Projected Dollar Amount of Settlements to be Paid to Foreign Administrations on Behalf of U.S. Licensed Vessels During the Remainder of the Current Calendar year:
\$ _____

By virtue of my signature below, I hereby make application of the Federal Communications Commission to become an Accounting Authority. I have responded to all items on this application honestly and completely. I understand that should I be approved to be an Accounting Authority, I must adhere to all applicable FCC policies and rules, the International Telecommunications Regulations (ITR), and other rules, regulations, agreements, and where applicable, ITU-T Recommendations, (47 CFR 3.43 of the Commission's rules). I also acknowledge that I will submit to the FCC all required information reports in a timely manner and that I will meet all financial responsibility requirements. I agree to cooperate with the FCC on any matter and agree to be audited when deemed appropriate by the FCC. I further acknowledge that I may not trade, reassign, sell or otherwise transfer my authority to act as an Accounting Authority without the express approval of the FCC and that I may not be assigned more than one Accounting Authority Identification Code. I agree to maintain my processing operation within the United States unless I am an existing foreign Accounting Authority applying to settle accounts of U.S. licensed vessels. Should I cease to function as an Accounting Authority, I agree to notify the FCC immediately. I agree to maintain acceptable complaint resolution procedures and to notify the FCC immediately should I receive notice of any refusal of a foreign administration/facility to handle legitimate telecommunications between U.S. licensed vessels and the foreign entity.

I acknowledge that I am familiar with FCC Rule Part 3 concerning sanctions and grounds for forfeiture or suspension or cancellation of an Accounting Authority's certification.

Signed and Dated this Day: _____ Date: _____
_____ Date: _____
_____ Date: _____

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorized the FCC to request the information on this application. The purpose of the information is to determine your eligibility for certification as an Accounting Authority. The information will be used by the FCC staff to evaluate the application, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of Accounting Authorities. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available to the public. Your response is required to obtain the requested authorization.

Public reporting for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining required data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Federal Communications Commission, AMD-PERM Paperwork Reduction Project (3060-0584), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to jboley@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember – You are 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 of if we fail to provide you with notice. This collection has been assigned an OMB control number of 3060-0584.

Information requested on; or, in connection with the form will be available for inspection by the public.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L 93-579, DECEMBER 31, 1974, 5 U.S.C. 552(a)(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

NOTE: In addition to the information required by this form, the Commission will request any additional information which may be necessary for consideration of this application.