

DNC-NEW Form

FCC [[#]]
DNC-NEW

FCC Application for Data Network
Identification Code
Office of International Affairs

Not Yet Approved by
OMB
3060-[1029]
See instructions for
public burden estimate

Applicant Information

1. Applicant Information

- FRN
- Applicant/Licensee Legal Entity Type (Select One)
 - Individual: (a check box)
 - Unincorporated Association: (a check box)
 - Government Entity: (a check box)
 - Corporation: (a check box)
 - Limited Liability Company: (a check box)
 - General Partnership: (a check box)
 - Limited Partnership: (a check box)
 - Limited Liability Partnership: (a check box)
 - Consortium: (a 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).

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 editable)

Application Information

- #### 3. Application Description (editable fill-in box for Applicant to supply a short description of action requested)

4. Identify the type of Request

- New application for a DNIC (check box)
- Request to reassign a DNIC (Check box)

4a. Describe the reassignment

- | | |
|---|---------------------------|
| <input type="radio"/> Reason: (fill-in box) | |
| <input type="radio"/> From Company: (fill-in box) | To Company: (fill-in box) |
| <input type="radio"/> From Code: (fill-in box) | To Code: (fill-in box) |

5. Identify the network name (fill-in box)
6. Describe the international service: (fill-in box)

Application Fees

7. Will a fee be paid?
 - Yes (check box)
 - No (check box)
- 7a. If yes, select the appropriate fee code for the application.
[[Drop down box to select fee code]]
- 7b. If no, indicate reason for fee exemption.
 - Governmental Entity (check box)
 - Noncommercial educational license (check box)
 - Other (Explain) [Fill-in text box for explanation]

Waivers

8. Does the Applicant request a waiver(s) of the Commission's rules?
 - Yes (check box)
 - No (check box)
- 8a. If yes, identify the rule section(s) for which a waiver is sought below and attach the request with a supporting narrative and documentation.
[Fill-in box]

Attachments

9. The Applicant has uploaded the information below as described in the filing instructions: (Check Box)
 - o Network diagram that shows the international nature of the network.
 - o Description of the service(s)/application(s) for which the DNIC will be used (e.g., Voice, SMS text messaging, or other applications).
 - o Information showing that that the Applicant's network has the capability to efficiently interconnect with existing public data networks and the network also provides a capability for routing transit traffic.
 - o A statement explaining how allocation of the code is necessary because alternative technical scenarios will not be sufficient.
10. The Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along with other material information.
 - Yes (check box)
 - N/A (check box)

Attachments/Confidential Treatment of Attachments

11. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission’s rules?

- a. Yes (check box) The Applicant 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 must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.
- b. No (check box)

Attachment No.	Description of Attachment	Confidential Treatment Requested
Attachment 1	[Fill in box]	[check box]
Attachment 2 (Public Version of Confidential Treatment Request and Supporting Statement)	[Fill in box]	
Attachment 2(a) (Public Redacted Version)	[Fill in box]	
Attachment 2(b) (Confidential Non-Redacted Version)	[Fill in box]	

Certification Statements and Acknowledgements

12. In submitting this form,

- The Applicant acknowledges that the DNIC assignment(s) must be implemented within 12 months of grant and certifies that it will notify the Commission of the date the DNIC assignment(s) was/were implemented by filing a letter in the ICFS file within 12 months after grant of the assignment(s). If the Applicant fails to provide timely notification, the Applicant acknowledges that the DNIC assignment(s) will be returned to the Commission and made available for reassignment.
- The Applicant acknowledges that all DNIC assignments are provisional and that it does not have a property right in a DNIC.
- The Applicant acknowledges that the Commission may reclaim an assigned DNIC

- and reassign it.
- The Applicant certifies that all necessary local, state, and federal authorizations needed have been obtained.
- 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.
- 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.

(check box)

13. 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 (U.S. Code, Title 18 Section 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)			