

FEDERAL COMMUNICATIONS COMMISSION  
Commission Registration System (CORES)  
FORM 160 – CORES Registration Form

FCC USE ONLY

#

1. Entity Type: \_\_\_\_\_ 2. Business Entity Type (if applicable): \_\_\_\_\_

3. Business Entity Name: \_\_\_\_\_

3a. Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

4. Doing Business or Trading As: \_\_\_\_\_

5. Taxpayer Identification Number / Social Security Number (9 digits): \_\_\_\_\_

6. Taxpayer Identification Number Exception Reason Code: \_\_\_\_\_

7. Contact Representative Organization/Company: \_\_\_\_\_

8. Contact Representative Position/Title: \_\_\_\_\_

9. Contact Representative First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Contact Representative Last Name: \_\_\_\_\_

10. Address: \_\_\_\_\_

11. Address 2: \_\_\_\_\_

12. Address 3 / P.O. Box: \_\_\_\_\_

13. Address 4: \_\_\_\_\_

14. City: \_\_\_\_\_ 15. State: \_\_\_\_\_ 16. Zip Code: \_\_\_\_\_ - \_\_\_\_\_

17. Country: \_\_\_\_\_

18. Contact Representative Phone Number: \_\_\_\_\_ 19. FAX: \_\_\_\_\_

20. Contact Representative E-Mail: \_\_\_\_\_

21. Personal Security Question (select only one): 21a. Custom Personal Security Question (if applicable): \_\_\_\_\_

\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

\_\_\_\_ City of Birth \_\_\_\_\_

\_\_\_\_ Favorite Pet's Name \_\_\_\_\_

\_\_\_\_ Corporate Internal Employee ID \_\_\_\_\_

\_\_\_\_ Custom Personal Security Question \_\_\_\_\_

22. Personal Security Question Answer: \_\_\_\_\_

23. Certification Statement: I, \_\_\_\_\_, certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ADVICE REFERENCE GUIDE HOW TO USE FCC FORM 160-(CORES) REGISTRATION FORM

The FCC Form 160, *CORES Registration Form*, is a form that must be completed to obtain a FCC Registration Number (FRN). The FCC Registration Number will be assigned by the Commission Registration System (CORES) and is required for anyone doing business with the Commission (feeable and non-feeable). The information on this form is collected to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

*The FRN can be obtained electronically through the FCC webpage: [www.fcc.gov/frnreg](http://www.fcc.gov/frnreg)*

### Instructions for Completing FCC Form 160

**NOTE: All required fields must be completed or it may result in a delay in processing or the return of your application. All fields are required unless otherwise stated.**

(1) **Enter the Entity Type from the codes below:**

01 - Individual	02 - Private Sector
03 - Federal	04 - State
05 - Local	06 - Foreign

(2) **Enter Business Entity Type (only respond if you selected 02 - Private Sector in Number (1) above):**

01 - Corporation	02 - University	03 - Partnership	04 - LLC	05 - Attorney
06 - Joint Venture	07 - Trust	08 - Association	09 - Consortium	10 - Amateur Club
	11 - Non-Profit/Exempt Organization		12 - Sole Proprietor	

(3) **Business Entity Name (only applicable to businesses):** Enter the entity name or company used commercially.

(3)(a) **Entity Name (only applicable to individuals):** Enter the name of the individual registrant. Enter the first name and last name, as well as the salutation, middle initial, and suffix if necessary.

(4) **Doing Business As/Trading As (optional):** Enter Doing Business As or Trading As name. (Only if individual entity)

(5) **Taxpayer Identification Number / Social Security Number:** Enter the entity's nine-digit Taxpayer Identification Number (TIN). The Taxpayer Identification Number will either be an Employer Identification Number (EIN) or Social Security Number (SSN) of the payer as reported to the Internal Revenue Service. If you **do not** have a (TIN), complete Block 6.

(6) **Enter Taxpayer Identification Number exception reason code (if applicable; see (5) above):**

<u>Code</u>	<u>Reason Type</u>	<u>Explanation</u>
01	- <i>TIN Applied For:</i>	Entity is currently applying for a TIN, but has not yet received one.
02	- <i>Entity is Foreign:</i>	Entity is not required to have a TIN due to a foreign status under IRS rules.
03	- <i>Entity is Petitioner:</i>	Entity has contact with the FCC only as a petitioner.
04	- <i>Exempt Activities:</i>	Entity is exempt under Internal Revenue Service (IRS) rules from obtaining a TIN.
05	- <i>Amateur Club:</i>	Entity is a non-profit amateur radio club. (only applicable to businesses)
06	- <i>Tribal government or entity:</i>	Entity is a tribal government or similar organization within the U.S. (only applicable to businesses)

(7) **Contact Representative Organization/Company (optional):** Enter the name of the contact representative organization or company. A contact representative is the individual who will be contacted with any business concerning this FRN.

(8) **Contact Representative Position/Title (only applicable to businesses):** Enter the contact representative title.

(9) **Contact Representative Name:** Enter the name of the contact representative. Enter the first name, middle initial and last name.

- (10) **Address:** The street address to which correspondence should be sent.
- (11) **Address 2 (optional):** This line may be used if further identification of the address is required.
- (12) **Address 3 / P.O. Box (optional):** This line may be used, if necessary, for an address outside the United States of America. If your address is within the United States of America, this line may be used to provide your P.O. Box number, if necessary.
- (13) **Address 4 (optional):** This line may be used, if necessary, for an address outside the United States of America.
- (14) **City:** The name of the city associated with the street address given in (10).
- (15) **State (Domestic Addresses only):** If the contact representative has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the contact representative has a mailing address outside the United States, leave this section blank.
- (16) **ZIP Code (Domestic Addresses only):** Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code. (Domestic address only)
- (17) **Country (International Addresses only):** If the contact representative has a mailing address outside the United States, enter the appropriate country.
- (18) **Contact Representative Daytime Telephone Number (optional for individuals):** Enter the contact representative's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.
- (19) **Contact Representative Fax Number (optional):** Enter the contact representative's ten-digit fax number, including area code. For foreign fax numbers include the appropriate country dialing access code, as if you were calling from the United States.
- (20) **Contact Representative E-mail Address (optional):** Enter the contact representative's e-mail address.
- (21) **Personal Security Question:** Select your Personal Security Question. In the event that you forget your CORES password, your Personal Security Question and answer will be used to verify your identity. If you are not satisfied with any of the Personal Security Questions on the list, select Custom Personal Security Question and provide us with your own question in 21a.
- (21)(a) **Custom Personal Security Question:** If you selected Custom Personal Security Question in (21), provide your own Personal Security Question here. (Maximum 100 characters, including spaces)
- (22) **Personal Security Question Answer:** Provide the answer to the Personal Security Question you had previously specified in (21). (Maximum 60 characters, including spaces)
- (23) **Certification Statement:** Read the certification statement, print your name, and provide your signature if you agree to the stated claim.

**Send completed forms to:**

FCC  
Attention: CORES Administrator  
Room: 2-A629  
445 12th St, SW  
Washington, DC 20554

**NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995**

The solicitation of the personal information requested in this form is authorized by the Communications Act, Sections 8 & 9, and the Debt Collection Improvement Act of 1996. P.L. 104-134. This form will be used primarily to capture information to maintain required accounts receivable, and collect fines and debts due the

Commission. As part of the Debt Collection Improvement Act, agencies are authorized to refer specific Taxpayers Identification information which includes Employers Identification Numbers and Social Security Numbers to the Department of Treasury for further investigation and possible enforcement of a statute, rule, regulation or order. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. If information requested on the form is not provided, processing of the application/filing may be delayed or returned without action pursuant to Commission rules.

If you owe a past due debt to the Federal Government, the Taxpayer Identification Number (such as your Social Security Number) and other information you provide may also be disclosed to the Department of the Treasury, Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

We have estimated that each response to this collection of information will take, on average, 15 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually review and complete the form. If you have any comments on this estimate, or on how we can improve the collection of this data to reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Washington, DC 20554, Paperwork Reduction Project (3060-0917). We will also accept your comments via the Internet if you send them to [Judith-B.Herman@fcc.gov](mailto:Judith-B.Herman@fcc.gov). Please **DO NOT SEND COMPLETED APPLICATION FORMS 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 or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0917.

This notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e) (3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.