

Approved by OMB
3060-1029



DATA NETWORK IDENTIFICATION CODE FILING
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APPLICANT INFORMATION

Note: Use only standard punctuation. Please do not use special characters - such as ';' - in any of the fields below!

Enter a description of this application to identify it on the main menu:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Applicant | |
| Name: <input type="text" value="Mary J Solomon"/> | Phone Number: <input type="text" value="703-534-2532"/> |
| DBA Name: <input type="text" value="ME"/> | Fax Number: <input type="text"/> |
| Street: <input type="text" value="7029L Haycock Road"/> | E-Mail: <input type="text" value="msolomon@fcc.gov"/> |
| City: <input type="text" value="Falls Church"/> | State: <input type="text" value="VA"/> |
| Country: <input type="text" value="USA"/> | Zipcode: <input type="text" value="22043 -"/> |
| Attention: <input type="text" value="Mrs Mary J Solomon"/> | |
| 2. Contact | |
| Name: <input type="text" value="Mary J Solomon"/> | Phone Number: <input type="text" value="703-534-2532"/> |
| Company: <input type="text"/> | Fax Number: <input type="text"/> |
| Street: <input type="text" value="7029L Haycock Road"/> | E-Mail: <input type="text" value="msolomon@fcc.gov"/> |
| City: <input type="text" value="Falls Church"/> | State: <input type="text" value="VA"/> |
| Country: <input type="text" value="USA"/> | Zipcode: <input type="text" value="22043 -"/> |
| Attention: <input type="text"/> | Relationship: <input type="text"/> |
| 3. Type Request <input type="radio"/> New <input type="radio"/> Reassign Note: Please submit any needed attachments for the given request type: Attachment 1: <input type="text" value="Attachment"/> | 4. Reassign Reason: <input type="text"/> From Company: <input type="text"/> To Company: <input type="text"/> From Code: <input type="text"/> To Code: <input type="text"/> |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Attachment 2: Attachment | |
| Attachment 3: Attachment | |
| 5. Network Name | |
| 6. International Service | |
| 7. Action Requested | |
| 8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions. <input type="radio"/> Yes <input type="radio"/> No | |
| 9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commission may take an assigned DNIC and reassign it to another person. <input type="radio"/> Yes <input type="radio"/> No | |
| 10. I certify that all necessary local, state, and federal authorizations needed have been obtained. <input type="radio"/> Yes <input type="radio"/> No | |
| 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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). | |

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