

November 2018

FEDERAL COMMUNICATIONS COMMISSION
Commission Registration System (CORES)
FORM 161 – CORES Update and Change Form

FCC USE ONLY # _____

1. FCC Registration Number (FRN): _____
2. Entity Type: _____ 3. Business Entity Type (if applicable): _____
4. Business Entity Name: _____
- 4a. Salutation: _____ First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
5. Doing Business or Trading As: _____
6. Contact Representative Organization/Company: _____
7. Contact Representative Position/Title: _____
8. Contact Representative First Name: _____ Middle Initial: _____
Contact Representative Last Name: _____
9. Address: _____
10. Address 2: _____
11. Address 3: _____
12. Address 4: _____
13. City: _____ 14. State: _____ 15. Zip Code: _____ - _____
16. Country: _____
17. Contact Representative Phone Number: _____ 18. FAX: _____
19. Contact Representative E-Mail: _____
20. Personal Security Question (select only one):
 Mother's Maiden Name
 City of Birth
 Favorite Pet's Name
 Corporate Internal Employee ID
 Custom Personal Security Question
- 20a. Custom Personal Security Question (if applicable): _____

21. Personal Security Question Answer: _____
22. 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 161-(CORES) UPDATE/CHANGE FORM

The FCC Form 161, *CORES Update/Change Form*, is a form that must be completed to update or change any previously registered CORES information. 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 information held in CORES can be updated/changed through the FCC webpage: www.fcc.gov/frnreg.

Instructions for Completing FCC Form 161

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

(1) **FCC Registration Number (FRN)** - Enter the entity's ten-digit FCC Registration Number (FRN) assigned by the Commission Registration System (CORES). The FRN is a unique entity identifier for everyone doing business with the Commission. The FRN can be obtained electronically through the FCC webpage (www.fcc.gov) or by requesting FCC Form 160 through the FCC forms webpage (www.fcc.gov/formpage.html).

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

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

(3) **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	

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

(4)(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.

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

(6) **Contact Representative Organization/Company (optional):** Enter the name of the contact representative organization or company.

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

(8) **Contact Representative Name:** Enter the name of the contact representative. Enter the first name, middle initial and last name. A contact representative is the individual who will be contacted with any business concerning this FRN.

(9) **Address:** The street address to which correspondence should be sent.

(10) **Address 2 (optional):** This line may be used if further identification of the address is required.

(11) **Address 3 (optional):** This line may be used, if necessary, for an address outside the United States of America.

(12) **Address 4 (optional):** This line may be used, if necessary, for an address outside the United States of America.

(13) **City:** The name of the city associated with the street address given in (10).

(14) **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.

(15) **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)

(16) **Country (International Addresses only):** If the contact representative has a mailing address outside the United States, enter the appropriate country.

(17) **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.

(18) **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.

(19) **Contact Representative E-mail Address (REQUIRED):** Enter the contact representative's e-mail address.

(20) **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.

(20)(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)

(21) **Personal Security Question Answer:** Provide the answer to the Personal Security Question you had previously specified in (21). (Maximum 60 characters, including spaces)

(22) **Certification Statement:** Read the certification statement 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 (3060-0918). We will also accept your comments via the Internet if you send them to pra@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 3060-0918.

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.