**Notification Report**

|  |  |
| --- | --- |
| Reporting Entity: |  |
| Cable Name: |  |
| List of All Licensees for that Cable: |  |
| Incident Start Date and Time: |  |
| Time Zone |  |
| Date and Time Determined Reportable: |  |
| Description of Event: |  |
|  |
| Description of Cause: |  |
|  |
| Country of Cable Landing Station to Failure Site: |  |
| City of Cable Landing Station to Failure Site: |  |
| Location of the Event: |  |
|  | Nautical Miles from Closed Cable Landing Station: |  | Direction from Closest Cable Landing Station: |  |
|  | OR |
|  | Latitude: |  | Longitude: |  |
| Outage Duration Days: |  |
| Outage Duration Hours: |  |
| Was Event Related to Planned Maintenance? |  |
| Nature of Planned Maintenance Activity that Caused the Outage: |
|  |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |

**Interim Report**

|  |  |
| --- | --- |
| SC Outage Number: | SC-XXXXXXXX |
| Reporting Entity: |  |
| Cable Name: |  |
| List of All Licensees for that Cable: |  |
| Incident Start Date and Time: |  |
| Time Zone |  |
| Date and Time Determined Reportable: |  |
| Description of Event: |  |
|  |
| Description of Cause: |  |
|  |
| Country of Cable Landing Station to Failure Site: |  |
| City of Cable Landing Station to Failure Site: |  |
| Location of the Event: |  |
|  | Nautical Miles from Closed Cable Landing Station: |  | Direction from Closest Cable Landing Station: |  |
|  | OR |
|  | Latitude: |  | Longitude: |  |
| Outage Duration Days: |  |
| Outage Duration Hours: |  |
| Date and Time When Plan of Work Was Received: |  |
| Estimate of When the Cable is Scheduled to be Repaired: |  |
| Arrival Date and Time Repair Ship, if Any: |  |
| Date and Time of Repair: |  |
| Was Event Related to Planned Maintenance? |  |
| Nature of Planned Maintenance Activity that Caused the Outage: |
|  |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |

**Final Report**

|  |  |
| --- | --- |
| SC Outage Number: | SC-XXXXXXXX |
| Reporting Entity: |  |
| Cable Name: |  |
| List of All Licensees for that Cable: |  |
| Incident Start Date and Time: |  |
| Time Zone |  |
| Date and Time Determined Reportable: |  |
| Description of Event: |  |
|  |
| Description of Cause: |  |
|  |
| Country of Cable Landing Station to Failure Site: |  |
| City of Cable Landing Station to Failure Site: |  |
| Location of the Event: |  |
|  | Nautical Miles from Closed Cable Landing Station: |  | Direction from Closest Cable Landing Station: |  |
|  | OR |
|  | Latitude: |  | Longitude: |  |
| Outage Duration Days: |  |
| Outage Duration Hours: |  |
| Date and Time When Plan of Work Was Received: |  |
| Estimate of When the Cable is Scheduled to be Repaired: |  |
| Arrival Date and Time Repair Ship, if Any: |  |
| Date and Time of Repair: |  |
| Was Event Related to Planned Maintenance? |  |
| Nature of Planned Maintenance Activity that Caused the Outage: |
|  |
| Restoration method: |
|  |
| Steps Taken to Prevent Recurrence: |
|  |
| Attestation Statement: |
|  |
| Contact Name: |  |
| Contact Email: |  |
| Contact Telephone: |  |

**Withdraw Report**

|  |  |
| --- | --- |
| SC Outage Number: | SC-XXXXXXXX |
| Reporting Entity: |  |
| Cable Name: | XXXXXXXXXXXXXX |
| List of All Licensees for that Cable: | XXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Incident Start Date and Time: | XX/XX/XXXX XX:XX:XX |
| Time Zone |  |
| Date and Time Determined Reportable: |  |
| Description of Event: |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Description of Cause: |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Country of Cable Landing Station to Failure Site: |  |
| City of Cable Landing Station to Failure Site: | XXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Location of the Event: |  |
|  | Nautical Miles from Closed Cable Landing Station: | XXXXXXXXXX | Direction from Closest Cable Landing Station: | XXXXXXXXXX |
|  | OR |
|  | Latitude: | XXXXXXXXXX | Longitude: | XXXXXXXXXX |
| Outage Duration Days: | XXXXX |
| Outage Duration Hours: | XX |
| Date and Time When Plan of Work Was Received: | XX/XX/XXXX XX:XX:XX |
| Estimate of When the Cable is Scheduled to be Repaired: | XX/XX/XXXX XX:XX:XX |
| Arrival Date and Time Repair Ship, if Any: | XX/XX/XXXX XX:XX:XX |
| Date and Time of Repair: | XX/XX/XXXX XX:XX:XX |
| Was Event Related to Planned Maintenance? |  |
| Nature of Planned Maintenance Activity that Caused the Outage: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Restoration method: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Steps Taken to Prevent Recurrence: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Attestation Statement: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Name: | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Email: | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Telephone: | XXX-XXX-XXXX |
| Reason for Withdrawal: |  |
|  |

**Re-open Request**

|  |  |
| --- | --- |
| SC Outage Number: | SC-XXXXXXXX |
| Reporting Entity: |  |
| Cable Name: | XXXXXXXXXXXXXX |
| List of All Licensees for that Cable: | XXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Incident Start Date and Time: | XX/XX/XXXX XX:XX:XX |
| Time Zone |  |
| Date and Time Determined Reportable: |  |
| Description of Event: |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Description of Cause: |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Country of Cable Landing Station to Failure Site: |  |
| City of Cable Landing Station to Failure Site: | XXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Location of the Event: |  |
|  | Nautical Miles from Closed Cable Landing Station: | XXXXXXXXXX | Direction from Closest Cable Landing Station: | XXXXXXXXXX |
|  | OR |
|  | Latitude: | XXXXXXXXXX | Longitude: | XXXXXXXXXX |
| Outage Duration Days: | XXXXX |
| Outage Duration Hours: | XX |
| Date and Time When Plan of Work Was Received: | XX/XX/XXXX XX:XX:XX |
| Estimate of When the Cable is Scheduled to be Repaired: | XX/XX/XXXX XX:XX:XX |
| Arrival Date and Time Repair Ship, if Any: | XX/XX/XXXX XX:XX:XX |
| Date and Time of Repair: | XX/XX/XXXX XX:XX:XX |
| Was Event Related to Planned Maintenance? |  |
| Nature of Planned Maintenance Activity that Caused the Outage: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Restoration method: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Steps Taken to Prevent Recurrence: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Attestation Statement: |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Name: | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Email: | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| Contact Telephone: | XXX-XXX-XXXX |
| Re-open Request Reason: |  |
|  |

**We have estimated that your response to this collection of information will take an average of 6 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD‑PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060‑XXXX). We will also accept your PRA comments via the Internet if you send an e-mail to** **PRA@fcc.gov****.**

**Please DO NOT SEND COMPLETED SURVEYS, APPLICATION FORMS, ETC. TO THIS ADDRESS. 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 and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060‑XXXX.**

**THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.**