## **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			Direction from Closest Cable		
Station:			Landing Station:		
		OR			
Latitude:			Longitude:		
Outage Duration Days:					
Outage Duration Hours:					
Was Event Related to Planned Maintenance? Nature of Planned Maintenance	Activity that Caused	d the C	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		Direction from	
Closed Cable Landing		Closest Cable	
Station:		Landing Station:	
ا مائلار با م	OR	1	
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	

			1
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		Direction from	
Closed Cable Landing		Closest Cable	
Station:		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	ce:	
Attestation Statement:		
Contact Name:		
Contact Email:		
Contact Telephone:		
contact rerepriorie.		

## **Withdraw Report**

SC Outage Number:	SC-XXXXXXXX		
Reporting Entity:			
Cable Name:	XXXXXXXXXXXXX		
List of All Licensees for that Cable:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	
Incident Start Date and Time:	XX/XX/XXXX XX:XX:X	ΚX	
Time Zone			
Date and Time Determined Reportable:			
Description of Event: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		xxxxxxxxxxxx xxxxxxxxxx
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*XXXXXXXXXXXXXX
Country of Cable Landing			
Station to Failure Site:  City of Cable Landing Station to Failure Site:  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Location of the Event:			
Nautical Miles from		Direction from	
Closed Cable Landing Station:	XXXXXXXXX	Closest Cable Landing Station:	XXXXXXXXXXXXXXX:
		OR	
Latitude:	XXXXXXXXX	Longitude:	XXXXXXXXX
Outage Duration Days:	XXXXX		
Outage Duration Hours:	XX		
Date and Time When Plan of Work Was Received:	XX/XX/XXXX XX:XX:	ΚX	
Estimate of When the Cable is Scheduled to be Repaired:	XX/XX/XXXX XX:XX:	ΚX	
Arrival Date and Time Repair Ship, if Any:	XX/XX/XXXX XX:XX:	ΚX	
Date and Time of Repair:	XX/XX/XXXX XX:XX:X	ΚX	
Was Event Related to Planned Maintenance?			
Nature of Planned Maintenance	Activity that Caused	the Outage:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Restoration method:			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KXXXXXXXXXXXXXX
Steps Taken to Prevent Recurre		0000000000000000	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxXXXXXXXX

Attestation Statement:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Contact Name:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Contact Email:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Contact Telephone:	XXX-XXX-XXXX
Reason for Withdrawal:	

#### Re-open Request

SC Outage Number:	SC-XXXXXXXX		
Reporting Entity:			
Cable Name:	XXXXXXXXXXXXX		
List of All Licensees for that Cable:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXX	
Incident Start Date and Time:	XX/XX/XXXX XX:XX:XX		
Time Zone			
Date and Time Determined			
Reportable:			
Description of Event:			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXX
Description of Cause:			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Country of Cable Landing			
Station to Failure Site:			
City of Cable Landing Station to Failure Site:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXX	
Location of the Event:			
Nautical Miles from		Direction from	
Closed Cable Landing	XXXXXXXXX	Closest Cable	xxxxxxxxxx
Station:	700000000	Landing Station:	700000000
Station.	OR	=	
Latitude:	XXXXXXXXXX	Longitude:	XXXXXXXXXX
Outage Duration Days:	XXXXX	201161144401	700000000
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	XX/XX/XXXX XX:XX:XX		
Scheduled to be Repaired:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Arrival Date and Time Repair	XX/XX/XXXX XX:XX:XX		
Ship, if Any:	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Date and Time of Repair:	XX/XX/XXXX XX:XX:XX		
Was Event Related to Planned			
Maintenance?			
Nature of Planned Maintenance	•	•	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
xxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxx
Restoration method:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			******
Steps Taken to Prevent Recurre		······································	····
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	^^^^^

Attestation Statement:	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Contact Name:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Contact Email:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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.