

## SPC-T/C Form

FCC [[#]]  
SPC-T/C

### Notification of the Transfer of an International Signaling Point Code Office of International Affairs

Not Yet Approved by OMB  
3060-1028  
See instructions for  
public burden estimate

#### Applicant/Signaling Point Operator/Assignor/Transferor Information

**1. Applicant/Transferor:**

- FRN
- Legal Entity Type (Select One)
  - Individual: (check box)
  - Unincorporated Association: (check box)
  - Government Entity: (check box)
  - Corporation: (check box)
  - Limited Liability Company: (check box)
  - General Partnership: (check box)
  - Limited Partnership: (check box)
  - Limited Liability Partnership: (check box)
  - Other: (a check box and a Fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication).

**2. Transferor Contact Information:**

- Check here if same as Transferor: [Check Box]
- (If different from the Transferor): Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields editable)

#### Applicant/Signaling Point Operator/Assignee/Transferee Information

**3. Applicant/Transferee:**

- FRN
- Legal Entity Type (Select One)
  - Individual: (check box)
  - Unincorporated Association: (check box)
  - Government Entity: (check box)
  - Corporation: (check box)
  - Limited Liability Company: (check box)
  - General Partnership: (check box)
  - Limited Partnership: (check box)
  - Limited Liability Partnership: (check box)
  - Other: (check box and Fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication).

**4. Transferee Contact Information:**

- **Check here if same as Transferee:** [Check Box]
- **(If different from the Transferee):** Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; **(individual fields editable)**

**Transaction Information****5. Brief Description of the Transaction:** **(editable field for a short description)****6. Enter AuthID/file number of the code/codes that were transferred.****7. Select the type of transfer. [[Select only one]]**

- Merger **(check box)**
- Acquisition **(check box)**
- Joint venture **(check box)**
- Divestiture **(check box)**
- Other **(check box and Fill-in box)**

**8. Select the ISPC(s) associated with the transfer.**IBFS No(s).: **[a fill-in box]****9. Is this transfer of ISPC(s) associated with a transfer of control or assignment of an international section 214 authorization or other FCC action?**

- Yes **[checkbox]**
- 9.a. If yes, indicate the file number(s) of the associated international section 214 authorization and transfer of control/assignment application.**  
**[fill-in box]**

IBFS No(s).: **[a fill-in box]**

- No **[checkbox]**

**10. Does the Transferee hold an international section 214 authorization?**

- Yes **(check box)**

If yes, enter below the IBFS No(s) of the section 214 authorization.

IBFS No(s).: **[a fill-in box]** No **(a check box)** If no, please explain the proposed use of the International Signaling Point Code: **[Fill-in box for explanation]****11. Have the Applicants uploaded an attachment, providing a narrative description of the transfer of the ISPC.**

- Yes **(check box)**
- No **(check box)**

**12. Provide the consummation date of the transaction.**

[Field to enter in a date.] If date entered is prior to 30 days before current date, Applicant must submit in an attachment an explanation as to why the notification was not provided to the Commission thirty days (30) or less after the consummation in accordance with the conditions of your ISPC assignment.]

**Application Fees****13. Will a fee be paid?**

- Yes (check box)
- No (check box)

**13a. If yes, select the appropriate fee code for the application.**

[[Down box to select fee code]]

**13b. If no, indicate reason for fee exemption.**

- Governmental Entity (check box)
- Noncommercial educational license (check box)
- Other (Explain) [Open up a fill-in text box for explanation]]

**Waivers****14. Does the Applicant request a waiver(s) of the Commission's rules?**

- Yes (check box) If yes, attach the request with a supporting narrative and documentation.
- No (check box)

**14a. If yes, Identify the rule section(s) for which a waiver is sought below.**

[fill-in box]

**Attachments****15. The Applicant(s) has uploaded an attachment updating the information below if the information on file has been changed as a result of the transfer of the ISPC(s).**

- o 15.1. A statement regarding the nature of the use of the ISPC(S) in the network.
  - Yes [Check Box]
  - No Change [Check Box]
- o 15.2. A network diagram that shows how the ISPC(s) will be used.
  - Yes [Check Box]
  - No Change [Check Box]
- o 15.3. A statement regarding the signaling point manufacturer/type.
  - Yes [Check Box]
  - No Change [Check Box]
- o 15.4. The physical address where the ISPC(s) will be located.
  - Yes [Check Box]
  - No Change [Check Box]

- o 15.5. Identification of at least one planned Message Transfer Part (MTP) signaling relation.
    - Yes [Check Box]
    - No Change [Check Box]
- 16. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.**
- Yes [Check Box]
  - N/A [Check Box]

### Attachments/Confidential Treatment of Attachments

- 17. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?**
- Yes (check box) The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.
  - No (check box)

Attachment No.	Description of Attachment	Confidential Treatment Requested
Attachment 1	[Fill-in box]	[check box]
Attachment 2 (Public Version of Confidential Treatment Request and Supporting Statement)	[Fill-in box]	
Attachment 2(a) (Public Redacted Version)	[Fill-in box]	
Attachment 2(b) (Confidential Non-Redacted Version)	[Fill-in box]	

**Certification Statements and Acknowledgements**

**18. In submitting this form,**

- The Applicant(s) certifies that the ISPC(s) has been in continuous use and will continue to be used in accordance with the conditions of its provisional assignment.
- The Applicant(s) acknowledges that a grant of an ISPC is a provisional assignment and the Applicant does not have a property right in an ISPC(s).
- The Applicant(s) acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.
- The Applicant(s) acknowledges that an ISPC cannot be transferred except in the case of a merger, acquisition, divestiture, or joint venture. The Applicant will notify the Commission of any such action by filing a letter in the IBFS file within thirty (30) days of the action.
- The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR § 1.2002(b) for the meaning of "party to the application" for these purposes. (This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal, State or local governmental entities or subdivisions thereof. See 47 CFR § 1.2002(c).)
- The Applicant(s) certify that all of its statements made in this application and in the attachments or documents incorporated by reference are material, are part of this notification form, and are true, complete, correct, and made in good faith.

[check box]

**19. Parties Authorized to Sign**

**Applicant/Signaling Point Operator/Assignor/Transferor Signature**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>Title:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b>			
<b>WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18 Section 1001),</b>			

**AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT  
(U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)**

**Applicant/Signaling Point Operator/Assignee/Transferee Signature**

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>Title:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID</b>			
<b>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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)</b>			