

FCC [#]  
SPC-NEW

**SPC-NEW Form**  
**FCC Application for an**  
**International Signaling Point Code**  
**(ISPC)**  
**Office of International Affairs**

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

**Applicant Information**

**1. Applicant Information**

- FRN
- Applicant/Licensee Legal Entity Type (Select One)
  - o Individual: (check box)
  - o Unincorporated Association: (check box)
  - o Government Entity: (check box)
  - o Corporation: (check box)
  - o Limited Liability Company: (check box)
  - o General Partnership: (check box)
  - o Limited Partnership: (check box)
  - o Limited Liability Partnership: (check box)
  - o Consortium: (check box)
  - o 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).

**2. Contact Information**

Check here if same as Applicant: (Check Box)

- (If different from the Applicant): Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields editable)

**Application Information**

- 3. Brief Application Description. (editable field for the Applicant to supply a short description)**
- 4. Enter location(s) where the ISPC(s) will be implemented.**

1) City	2) State/U.S. Territory	3) Estimated In-Service Date
Fill in box	Drop-down menu of states/territories.	Field for date input.

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**5. Does the Applicant 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): [fill-in box]

- No (check box) If no, please explain the proposed use of the International Signaling Point Code: [Fill-in box to allow for explanation]

**Application Fees**

**6. Will a fee be paid?**

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

**6a. If yes, select the appropriate fee code for the application.**

[[Add drop Down box to select fee code]]

**6b. 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**

**7. 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)

**7a. If yes, Identify the rule section(s) for which a waiver is sought below.**

[fill-in box]

**Attachments**

**8. The Applicant has uploaded an attachment containing the information below and described in the filing instructions:**

- A statement regarding the nature of the use of the ISPC(S) in the network.
- A network diagram that shows how the ISPC(s) will be used.
- A statement regarding the signaling point manufacturer/type.
- The physical address where the ISPC(s) will be located.
- Identification of at least one planned Message Transfer Part (MTP) signaling relation.

[check box]

9. 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

10. 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

11. In submitting this form,

- The Applicant certifies that it will implement the ISPC assignment(s) within twelve (12) months of assignment.

- The Applicant agrees to notify the Commission of the date the ISPC assignment(s) were implemented by filing a letter in the ICFS file within twelve (12) months after grant of the assignment(s). If the Applicant fails to provide timely notification, the ISPC assignment(s) will be returned to the Commission and made available for reassignment.
- The Applicant 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 acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.
- The Applicant 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).)
- Applicant certifies that all of its statements made in this Application and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

[check box]

12. Party Authorized to Sign

<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 APPLICATION 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)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)</b>			