

FCC [[#]]
ITC-DSC

Discontinuance of International Section 214 Services

Not Yet Approved by OMB No.
3060-0686
Estimated time per response: 1
hour
Edition date: [XXXX 2024]

[\[link to instructions\]](#)

Carrier Information

1. Carrier Information:

- 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 then (Fill-in box)
- Name and title; Doing Business As (DBA), address; phone; fax; email; attention to (imported from CORES during authentication) (individual fields should not be editable here, but Applicant should be able to change FRN using CORES).

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 should be editable on the form screen)

Application Information

3. **Brief Application Description:** (editable field for Applicant to supply a short description)
4. **International 214 authorizations under which the service(s) are provided that the carrier proposes to discontinue, reduce or impair.**
[text box for ITC-214 and/or ITC-MOD file numbers]
5. **Description of the service(s) to be discontinued, reduced or impaired.**
[Fillable text box]
6. **Description of the geographic area of the planned discontinuance, reduction or impairment of service(s).**
[Fillable text box]
7. **Date carrier proposes to discontinue, reduce or impair the service.**

[box to fill in date]

8. Date carrier provided notice of proposed discontinuance, reduction or impairment of services to all of the affected customers.

[box to fill in date]

9. Has the carrier been classified as dominant in the provision of the international service(s) to be discontinued, reduced or impaired because the carrier possesses market power in the provision of that service on the U.S. end of the route?

- Yes [Check Box]
 - o 9.a. [Show this if Q 9 is Yes] Does the carrier seek to:
 - o 9.a.1. Retire international facilities, dismantle or remove international trunk lines but not discontinue, reduce or impair the dominant services being provided through those facilities [Check box] [if checked go to Q10]
 - o 9.b.1. Discontinue, reduce or impair the dominant service or retire facilities that impair or reduce the dominant service [Check box] [Show this if Q 9.a.1 is checked] "In an attachment provide the information required by section 63.500 of the Commission's rules."
- No [Check Box]

Waivers

10. 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)

10a. If yes, Identify the rule section(s) for which a waiver is sought below.

[fill-in box]

Application Fees

11. Will a fee be paid?

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

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

[[Down box to select fee code]]

11.b If no, indicate reason for fee exemption.

- Governmental Entity (check box)
- Noncommercial educational license (check box)

- Other (Explain) [Fill-in text box for explanation]]

Attachment(s)

12. The Applicant has uploaded an attachment providing a narrative description of the proposed discontinuance, reduction or impairment of services and a copy of the notification sent to the affected customers.

(check box)

13. If applicable, the Applicant has uploaded an attachment providing the information required by section 63.500 of the Commission’s rules.

- Yes [check box]
- Not Applicable [check box]

14. If applicable, the Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

(check box)

Confidential Treatment of Attachments

15. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission’s rules?

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

[If the answer to Q15 is “Yes”] 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.

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)	[Fill-in box]	

(Public Redacted Version)		
Attachment 2(b) (Confidential Non-Redacted Version)	[Fill-in box]	

Certification Statements and Acknowledgements

16. In submitting this form,

- 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." [\[Add a hyperlink to the rule 47 CFR § 1.2002\(c\)\]](#) (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 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.

[This should be a check box the Applicant needs to select to pass validation.]

17. Party Authorized to Sign:

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

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