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RTL-WAV

FEDERAL COMMUNICATIONS COMMISSION

Not Yet Approved by OMB
3060-0686

**Instructions for
International Route List**

RTL-WAV

GENERAL INSTRUCTIONS

Purpose of Form

Form RTL-WAV is used to file waiver request regarding the requirements to file a list of U.S.-international routes for which the carrier has a direct termination arrangement, as required by section 63.22(h) of the Commission’s rules. Carriers are under an obligation to maintain the continuing accuracy and completeness of information included on the RTL-NEW form. If you need to file an initial list, please use the RTL-NEW form. If you need to update information associated with an existing list, please use the RTL-MOD form.

The purpose of this form is to allow a carrier to file a waiver request related to the requirement to file a list of U.S.-international routes for which the carrier has a direct termination arrangement. This list is used by the FCC to determine which carriers have direct termination arrangements on a particular U.S.-international route.

Who Must File This Form and When

If a carrier has previously filed an RTL-NEW or RTL-MOD, an RTL-MOD must be filed within 30 days of any change. If a carrier wishes to file a request for waiver of these requirements, it must use this form.

Description of Form

Form RTL-WAV obtains information sufficient to identify the carrier, contact information, and associated authorizations. The form provides an opportunity to file an attachment with the waiver request.

Other RTL Forms

- **RTL-NEW Form.**
 - Once an initial list has been filed with the RTL-NEW form is used to file an initial list within 30 days of entering into an agreement.
- **RTL-MOD Form.**
 - Once an initial list has been filed with the RTL-NEW form, any revisions to the list should be filed ruling the RTL-MOD form within 30 days of the change.

FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or on how we can improve the collection and reduce the burden it causes you,

please e-mail them to pra@fcc.gov or send them to the Federal Communications Commission, AMDPERM,

Paperwork Reduction Project (3060-0404), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

The carrier is 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 or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0404. This notice is required by the Paperwork Reduction Act of 1995, P.L. 104-13, October 1, 1995, 44 U.S.C. Section 3507.

For Assistance

For assistance with completing the forms, contact International Bureau, Telecommunications and Analysis Division at [TAD email] or at (202) 418-1480.

FILING INSTRUCTIONS FOR MAIN RTL-WAV FORM

Carrier Information

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with Applicant’s FCC Registration Number (FRN).

When the carrier enters its FRN, the Carrier Information will pre-populate with its FRN data in CORES. To modify these pre-populated data, update the data associated with the FRN in CORES.

Enter any missing data and sections that are not already populated from CORES, such as the “legal entity type” or “Doing Business As (DBA)” name.

Contact Information

Item 2. Identify the contact representative, if different from the carrier. The contact information can be imported automatically from CORES if the carrier supplied an FRN, but fields are still editable.

If the contact representative is the same as the person indicated in Item 1, then check the box “Same as carrier.” If the contact representative is not the same as the filing carrier, provide the requested information.

- Provide the name of a person in your organization, your outside counsel, or other representative whom we can contact if there are questions regarding your application. This person should have decisional authority over the contents of your application.
- Provide the Company name if different from the “Carrier” name in Item 1 or repeat “Company” name here.
- Provide the contact representative’s address, phone number, fax number, and email.
- Provide your “Doing Business As (DBA)” name. If the carrier is not operating its business using a DBA, you may leave this section blank.
- Indicate how the contact person is related to the carrier. For example, indicate that the “contact is outside counsel” or “contact is a corporate officer of the carrier.”

Brief Filing Description

Item 3. Provide a short description of the filing. For example, Initial filing of international route list.

Application Fees

Item 4. An application fee is required for this form. Indicate whether you are exempt from the application fee by selecting “Yes” or “No.”

Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid. To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC’s website at <http://www.fcc.gov/fees>, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or from the FCC’s Fax Information System by dialing (202) 418-0177.

If “No,” indicate the reason for fee exemption by checking “Government Entity”, “Noncommercial educational license”, or “Other.”

If “No,” then the Applicant must submit an attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees.

If Applicant selects “Other” as the reason for the exemption, the Applicant must explain in the text box.

If the Applicant filed a request for waiver/deferral of the FCC application fees, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment.

If “Yes,” select the appropriate feed code for the application from the drop down menu. To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC’s website at <http://www.fcc.gov/fees>, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or from the FCC’s Fax Information System by dialing (202) 418-0177.

Attachments/Confidential Treatment of Attachments

Item 25. Indicate whether the Applicant is requesting confidential treatment of an attachment(s) under 0.459 of the Commission’s rules by checking “Yes” or “No.”

If “Yes,” then Item 25.a. requires the Applicant requesting confidential treatment of an attachment(s) under 0.459 of the Commission’s rules must upload a request for confidentiality and file a redacted and non-redacted version of the request.

In the table in this item, the Applicant must identify the attachment(s) it has uploaded with a short description for easy identification of the information included in each attachment.

Note: Each document required to be filed as an attachment should be current as of the date of filing. Each page of every attachment must be identified with the number or letter, the number of the page, and the total number of pages.

In the table of this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can rename the attachment. Also after uploading, the Applicant can click the confidential treatment button next the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment and a public supporting statement justifying the confidentiality request. Identify the applicable rule(s) and

provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

Certification Statements

Item 7. Carrier must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include certifications that: (1) the carrier has provided an attachment with any additional information to comply with the requirement; and (2) the information is complete and accurate.

Party Authorized to Sign

Item 8. Enter all of the required information in the table:

- the name of the Applicant.
- the title of the person signing the application. If the Applicant is a corporation or other business entity, the person submitting the application must be an officer.
- the signature of the person signing the application.

The Applicant does not enter a date. ICFS will fill in the date automatically with the date on which the application is submitted.

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 AUTHORIZATION (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503). BY SIGNING THIS, YOU CERTIFY THAT YOU ARE A PARTY AUTHORIZED TO SIGN AND ALL STATEMENTS MADE IN THIS APPLICATION AND IN THE ATTACHMENT OR DOCUMENTS INCORPORATED BY REFERENCE ARE MATERIAL, ARE PART OF THIS APPLICATION, AND ARE TRUE, COMPLETE, CORRECT, AND MADE IN GOOD FAITH.