

FCC Form for International
Service Providers to Identify Direct Termination
Arrangements With A Foreign Carrier
Initial Route List

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

Facilities-Based International Common Carrier Information

1. Applicant/Carrier Information

- FRN
- Applicant/Carrier 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)
 - Consortium: (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/Carrier) 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. The International Route List is a record not routinely available for public inspection under section 0.457(d)(xi) of the Commission's rules. Does the carrier want to allow its route list to be made available to the public?
 - Yes (check box)
 - No (check box)

[[If Yes, allow the carrier to make route list public]]

5. Identify each international section 214 authorization held by the carrier.

(a) Authorization Number	(b) Type of authorization
[text box is to enter ITC-214 and ITC-MOD file numbers with ability to bring them/populate them for internal review]	[text box]

[Applicant should be able to add and delete rows as necessary]

6. Identify and provide a complete list of any U.S.-international route on which the carrier has an arrangement with a foreign carrier for direct termination in a foreign destination.

(a) Country with Direct Termination Arrangement
Drop-down list of countries with "Other" as an option that opens a fill-in box if selected.

[[Carrier should be able to add/remove rows as necessary.]]

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]

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

Attachments/Confidential Treatment of Attachments

8. 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 Q8 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) (Public Redacted Version)	[Fill-in box]	
Attachment 2(b) (Confidential Non-Redacted Version)	[Fill-in box]	[check box]

Certification Statements

9. In submitting this form,

- The carrier certifies that it has provided an attachment with any additional information to comply with section 63.22(h) of the Commission’s rules.
- The carrier certifies that it will file a modification form (RTL-MOD) within 30 days of any change to this list due to either the addition of routes or the discontinuance of arrangements.
[Add link to RTL-MOD]
- 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.

10. Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
Title:			
Signature:		Date:	
FAILURE TO SIGN THIS APPLICATION 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 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)			