

ITC-RPT Form

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ITC-RPT

FCC Form for
Quarterly Section 63.10(c) Report
Office of International Affairs

Not Yet Approved by OMB No.
3060-0686
Estimated time per response: 3
hours
Edition date: [XXXX 2024]

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

Carrier Information

1. Carrier Information.

- (FRN)
- Authorization Holder 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 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 Authorized Carrier. (check box)
- (If different from the Authorized Carrier). Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email (individual fields editable)

Report Information

3. **Brief Description of Report.** (editable field for carrier to supply a short description)

4. **Indicate the reporting period below.**

[two drop down menus – first lists Q1, Q2, Q3, Q4, and the second lists the year]

5. **Identify the routes on which the Carrier is classified as dominant and required to comply with section 63.10(c) of the Commission’s rules.**

[fill-in box]

6. **Does the Carrier request confidential treatment for its Quarterly Report(s)?**

- Yes. (check box) In an attachment, provide an explanation for the request for confidentiality.
- No. (check box)

[If “yes,” the form will not be made public, but the public will see that a form was filed.]

Section 63.10(c)(2) Quarterly Report: International Traffic and Revenue

7. **Provide the Traffic and Revenue information in the table below to comply with section 63.10(c)(2) of the Commission’s rules.**

(a) Dominant Carrier Route	(b) Type of Services	(c) Minutes Completed on Foreign Networks	(d) Settlement Payouts for Call Completion on Foreign Networks	(e) Foreign Billed Minutes	(f) Foreign Billed Settlement Receipts
[Drop-down]	[Text box]	[Fill-in box]	[Fill-in box]	[Fill-in box]	[Fill-in box]

list of countries]					
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[Ability to add/remove rows.]

Section 63.10(c)(3) Quarterly Report: Provisioning and Maintenance

8. Provide the Provisioning and Maintenance information in the table below to comply with section 63.10(c)(3) of the Commission’s rules.

(a) Dominant Carrier Route	(b) Circuits and Services Provided	(c) Average Time Intervals between Order and Delivery	(d) Number of Outages	(e) Intervals between Fault Report and Service Restoration	(f) Percentage of “Peak Hour” Calls that Failed to Complete
[Drop-down list of countries]	[Fill-in box]	[Fill-in box]	[Fill-in box]	[Fill-in box]	[Fill-in box]

Section 63.10(c)(4) Quarterly Report: Active and Idle or Equivalent Circuits by Facility

9. Provide the Active and Idle 64 kbps or Equivalent Circuits by Facility information in the table below to comply with section 63.10(c)(4) of the Commission’s rules.

(a) Dominant Carrier Route	(b) Terrestrial, Satellite, Submarine Cable	(c) Active Capacity (Gbps)	(d) Idle Capacity (Gbps)	(e) Total Circuits (Gbps)
[Drop down list of countries]	[Drop-down selection]	[Fill-in box]	[Fill-in box]	[Auto-sum total capacity]

Waivers

10. Does the Carrier request 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]

Attachments

11. The Carrier has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

- Yes (radio button)
- N/A (radio button)

Confidential Treatment of Attachments

12. Is the Carrier requesting confidential treatment of the data provided in this form or in an attachment(s) under section 0.459 of the Commission’s rules?

- o Yes (check box) The Carrier must upload a supporting statement for the “confidential treatment request(s)” identifying the applicable rule(s) and providing other supporting materials or information. The Carrier must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.
- o 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]	[check box]

Certification Statements

13. In submitting this form,

- The Carrier certifies that it has filed the information required by section 63.10(c) of the Commission’s rules.
- The Carrier 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)

14. Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
<u>Title:</u>			
Signature:		<u>Date:</u>	
FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE REPORT 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 35), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)			