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ITC-RPT

Not Yet Approved by OMB
3060-0686

FEDERAL COMMUNICATIONS COMMISSION

**Instructions for
Quarterly 63.10(c) Report Form**

ITC-RPT

GENERAL INSTRUCTIONS

Purpose of Form

This form is used by a dominant carrier (Carrier) to file their quarterly reports, as required by [section 63.10\(c\)](#) of the Commission’s rules. Any carrier classified as dominant for the provision of particular services on particular routes must comply with the following quarterly reporting requirements in its provision of the services on each route:

- Section 63.10(c)(2) – International Traffic and Revenue Report
- Section 63.10(c)(3) – Provisioning and Maintenance Report
- Section 63.10(c)(4) – Active and Idle or Equivalent Circuits by Facility Report

Who Must File This Form and When

Any Carrier classified as dominant that provides international communications service on particular routes must file this form to comply with the quarterly 63.10(c) reporting requirements.

This form must be submitted by Carriers within 90 days of each calendar quarter.

Description of Form

This form consists of a main form and the ability to file an attachment to submit the required information. The Carrier is encouraged to upload a single document in machine readable format, including all required information. The Carrier must fill in all required fields, upload

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required documents, make all required certifications, and sign the form before submitting the application.

Information Current and Complete

Information filed in this form must be kept current and complete under section [1.65](#) of the Commission's rules.

Applicable Rules and Regulations

The applicable reporting requirements can be found in [section 63.10\(c\)](#) of the Commission's rules.

FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information will take 3 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 (3060-0686), Washington, D 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 of if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0686. 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

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For assistance with completing the forms, contact Office of International Affairs,
Telecommunications and Analysis Division at FCC-OIA-TAD@fcc.gov or at (202) 418-1480.

FILING INSTRUCTIONS FOR MAIN xx-NEW FORM

Save your draft report periodically by clicking the save button. After the first manual save, ICFS will auto-save every 15 minutes

Carrier Information

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with Carrier'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. <https://www.fcc.gov/licensing-databases/commission-registration-system-fcc>

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 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.

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- 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.”

Report Information

Item 3. Provide a brief description of the report in the field provided.

Item 4. Identify the applicable reporting period for the section 63.10(c) quarterly reports by quarter and year from the drop down menus.

Item 5. In the text box provided, list the routes on which the Carrier is classified as dominant and required to comply with [section 63.10\(c\)](#) of the Commission’s rules.

Item 6. Indicate whether the Carrier is requesting confidential treatment of the data. If “Yes,” the form will not be made public, but the public will see that a form was filed. The Carrier must submit a request for confidentiality in a separate attachment accompanying this form and file both redacted and non-redacted version of the reports.

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

Item 7. This item asks for traffic and revenue information required by [section 63.10\(c\)\(2\)](#) of the Commission’s rules. Provide the information set out below by filling out in the table on the form.

- (a) **Dominant Carrier Route.** Select the relevant route(s) from the drop-down menu of countries.
- (b) **Type of Services.** Enter the type of services. For example, indicate “International Message Telephone Service,” “International Private Line Service,” or “International Internet.”
- (c) **Minutes Completed on Foreign Networks.** Enter information as a numerical value.
- (d) **Settlement Payouts for Call Completion on Foreign Networks.** Enter information as a numerical value.
- (e) **Foreign Billed Minutes.** Enter information as a numerical value.
- (f) **Foreign Billed Settlement Receipts.** Enter information as a numerical value.

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

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Item 8. This item asks for provisioning and maintenance information required by [section 63.10\(c\)\(3\)](#) of the Commission’s rules. Provide the information set out below by filling out in the table on the form.

- (a) **Dominant Carrier Route.** Select the relevant route(s) from the drop-down menu of countries.
- (b) **Circuits and Services Provided.** Enter information as a numerical value and provide a description of the services. For example, indicate “1 cable circuits used for Message Telephone Service,” “928 cable circuits used for International Private Line Service,” or “2048 cable circuits used for International Internet.”
- (c) **Time Intervals Between Order and Delivery.** Enter information as a numerical value
- (d) **Number of Outages.** Enter information as a numerical value
- (e) **Intervals between Fault Report and Service Restoration.** Enter information as a numerical value.
- (f) **Percentage of “Peak Hour” Calls that Failed to Complete.** Enter information as a numerical value.

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

Item 9. This item asks for information regarding active and idle or equivalent circuits by facility required by [section 63.10\(c\)\(4\)](#) of the Commission’s rules. Provide the information set out below by filling out the table.

- (a) **Dominant Carrier Route.** Select the relevant route(s) from the drop-down menu of countries.
- (b) **Terrestrial, Satellite, Submarine Cable.** Select the type of facility from the drop-down menu.
- (c) **Active Capacity (Gbps).** Enter information as a numerical value.
- (d) **Idle Capacity (Gbps).** Enter information as a numerical value.
- (e) **Total Circuits (Gbps).** The system will automatically calculate this field.

Waivers

Item 10. Indicate whether this form includes a waiver request by checking “yes” or “no.”

If “Yes,” list the rules for which a waiver is sought in the text box provided in Item 10a. Provide an explanation for the waiver request in an attachment, along with other material information.

Attachments

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

Confidential Treatment of Attachments

Item 12. Indicate whether the Carrier is requesting confidential treatment of the data provided in this or in an attachment(s) under 0.459 of the Commission’s rules by checking “Yes” or “No.”

If “Yes,” then Item 25.a. requires the Carrier 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 a non-redacted version of the request.

In the table in this item, the Carrier 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 Carrier may use the upload button to upload its attachments. After uploading, the Carrier can rename the attachment. Also after uploading, the Carrier 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 Statement

Item 13. The Carrier certifies that it has filed the information required by section 63.10(c) of the Commission's rules.

The Carrier also 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.

Party Authorized to Sign

Item 14. Enter all of the required information in the table:

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

The Carrier 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.