

SCL-RPT Form

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SCL-RPT

FCC Form for Quarterly Section 1.767(l) Report

Not Yet Approved
by OMB
3060-0944
Estimated time per
response: 4 hours
Edition Date: [XXXX
2024]

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

General Information

1. Licensee Information.

- FRN
- Applicant/Licensee 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) FRN)

2. Contact Information.

- Check here if same as Licensee: (Check Box)
- (If different from the Licensee): 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)
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 name of the submarine cable(s) for which the Licensee holds a cable landing license and for which the Licensee is required to file the quarterly report.

[Drop down menu with a listing of the licensed cables and an option for “other” with the ability to add in the name of the “other” cable]

6. Identify the destination market the Licensee’s affiliate is classified as dominant and required to comply with section 1.767(l) of the Commission’s rules.

[Fill in text box to identify the dominant destination markets]

7. Does the Licensee 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 1.767(l) Quarterly Report: Provisioning and Maintenance

8. Provide the Provisioning and Maintenance information in the table or in an attachment below to comply with section 1.767(l)(1) of the Commission’s rules.

(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facilities and Services Provided	(d) Volume or Quantity Provisioned	(e) Time Interval between Order and Delivery	(f) Number of Outages	(g) Intervals between Fault Report and Facility or Service Restoration
[Fill-in field]	[Drop-down list of countries]	[Fill-in field]	[Fill-in field]	[Fill-in field]	[Fill-in field]	[Fill-in field]

[[Ability to add rows]]

Section 1.767(l)(2) Quarterly Report: Active and Idle or Equivalent Circuits by Facility

9. Provide the Active and Idle Circuits by Facility information in the table below or in an attachment to comply with section 1.767(l)(2) of the Commission’s rules.

(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facility: Terrestrial, Satellite, Submarine Cable	(d) Active Capacity (Gbps)	(e) Idle Capacity (Gbps)	(f) Total Circuits (Gbps)

[Fill-in field]	[Drop-down list of countries]	[Fill-in field]	[Fill-in field]	[Fill-in field]	[Fill-in field]
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Waivers

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

- Yes (check box)**
- N/A (check box)**

Attachments/Confidential Treatment of Attachments

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

- Yes (check box)** 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.
- No (check box)**

Attachment No.	Description of Attachment	Confidential Treatment Requested
Attachment 1	[Fill-in box]	[check box]
Attachment 2 (Public Version of Confidential	[Fill-in box]	

Treatment Request and Supporting Statement)		
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,

- o The Licensee certifies that it has filed the information required by section 1.767(l) of the Commission’s rules.
- o 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.

[check box]

14. Party Authorized to Sign

First Name:	MI:	Last Name:	Suffix:
Title:			
Signature:		Date:	
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)			

[Back End]

- We use all tabs currently on the back end of IBFS.
- Please add an additional section on back end for the new tables introduced on the form above so we can track and run searches/queries/reports on data elements contained within.