

SCL-LPN Form

FCC [#]
SCL-LPN

FCC Submarine Cable Landing Point Notification Under Section 1.767 of the Commission’s Rules

Not Yet Approved by OMB
3060-0944
Estimated time per response: 1
hour
Edition Date: [XXXX 2024]

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

Applicant Information

1. Applicant 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)
 - Other: (check box and a 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 the Applicant. (check box)
- (If different from the Applicant): Name and title; Doing Business As (DBA), company name; relationship, address; phone; fax; email; (individual fields editable)

Application Information

3. Brief Application Description: [text box]

4. Enter the name of the cable system and AuthID and file number (SCL-LIC) of the cable landing license application for which the Landing Point Notification is being filed:

| (a) Name of Cable System | (b) AuthID/File Numbers |
|-----------------------------|----------------------------|
| [Fill-in text box] | [Text box] |

Submarine Cable Landing Location Information

5. Provide the specific geographic coordinates of the U.S. and foreign landing locations that were not included in the application, as required by 1.767(a)(5) and 1.767(g)(8) of the Commission’s rules. Provide coordinates in Decimal Degrees. Information on converting latitude and longitude between decimal degrees and degrees, minutes, and seconds is available at <https://www.fcc.gov/media/radio/dms-decimal>.

| U.S. and Foreign Landing Location Information – Geographic Coordinates | | | |
|--|---|---|---|
| (a) U.S. (Domestic) or Foreign | (b) Type of Landing Cable Landing Station (CLS) / Beach Joint (Manhole) (BJ/BMH) | (c) Latitude | (d) Longitude |
| [Drop-down menu to select “DOM” or “FRGN”] | [Drop-down menu to select “CLS” or “BJ/BMH”] | [Fill-in box for inputting coordinates in Decimal Degrees.] | [Fill-in box for inputting coordinates in Decimal Degrees.] |

[Ability to add/remove rows]

6. Does the Applicant request confidential treatment for the specific geographic coordinates of the U.S. and foreign landing locations?
- Yes (check box) In an attachment, provide an explanation for the request for confidentiality.
 - No (check box)
7. Has the Applicant attached a map showing specific geographic coordinates of each cable landing station in the United States and in foreign countries that were not included in the application (where the cable will land, and the coordinates of any beach joint where those coordinates differ from the coordinates of the cable landing station), as required by section 1.767(a)(5) and 1.767(g)(8) of the Commission’s rules? See 47 CFR § 1.767(a)(5), (g)(8).
- Yes (check box)
 - No (check box) In an attachment, explain why the Applicant has not included a map.
8. The Applicant acknowledges that it will not commence construction at the landing location(s) identified above until at least 90 days after the filing of this landing point notification as required by section 1.767(a)(5), (g)(8) of the Commission’s rules.

(check box)

Waivers

9. 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)

9a. If yes, Identify the rule section(s) for which a waiver is sought below.

[fill-in box]

Attachments

10. The Applicant has attached a map showing specific geographic coordinates of each cable landing station in the United States and in foreign countries where the cable will land, and the coordinates of any beach joint where those coordinates differ from the coordinates of the cable landing station, as required by section 1.767(a)(5) of the Commission’s rules. If Applicant has not attached a map, the Applicant uploaded an attachment explaining why the Applicant has not included the map as required by section 1.767(a)(5) of the Commission’s rules.

- Yes (check box)
- No (check box)

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

- Yes (check box)
- No (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 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] |

General Certification Statements

13. In submitting this form,

- The Applicant certifies that it has provided all the required information required by section 1.767(a)(5), (g)(8) of the Commission’s rules.
- The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR § 1.2002(b) for the meaning of “party to the application” for these purposes. (This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal State or local governmental entities or subdivisions thereof. See 47 CFR § 1.2002(c)).
- The Applicant certifies that all of its statements made in this notification and in the attachments or documents incorporated by reference are material, are part of this notification, 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 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 35, AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)**