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| **FCC [[#]]****SCL-RPT** | **FEDERAL COMMUNICATIONS COMMISSION** **Instructions for** **Quarterly Section 1.767(l) Report** **Form****Office of International Affairs** | Not Yet Approved by OMB3060-0944 |

**SCL-RPT**

**GENERAL INSTRUCTIONS**

**Purpose of Form**

This form is used by a submarine cable licensee (Licensee) to file the quarterly reports, as required by [section 1.767(l)](https://www.ecfr.gov/cgi-bin/text-idx?SID=855188e2431b3e67cf83b1a65511a6de&mc=true&node=se47.1.1_1767&rgn=div8) of the Commission’s rules. Any Licensee that is, or is affiliated with a carrier with market power in any of the cable’s destination countries must file the following quarterly reports:

* Section 1.767(1)(1) - Provisioning and Maintenance Report
* Section 1.767(1)(2) - Active and Idle or Equivalent Circuits by Facility Report

**Who Must File This Form and When**

Any Licensee that is, or is affiliated with, a carrier with market power in any of the cable’s destination countries, and that requests streamlined processing of an application under section 1.767(j) and (k) of the Commission’s rules must file this form to comply with the reporting requirements of section 1.767(l).

This form must be submitted by Licensees 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 provide the required information. The Licensee is encouraged to upload a single document in machine readable format, including all required information. The Licensee must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting it.

**Information Current and Complete**

Information filed in the application with the Commission 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 1.767(l)](https://www.ecfr.gov/cgi-bin/text-idx?SID=855188e2431b3e67cf83b1a65511a6de&mc=true&node=se47.1.1_1767&rgn=div8) of the Commission’s rules.

**Other Submarine Cable (SCL) Forms**

* **SCL-AMD Form.**
	+ This form is used to amend a pending application related to a cable landing license.
* **SCL-LPN Form.**
	+ This form is used to file the precise location of a cable landing station if such information was not included in the cable landing license application or request modify a cable landing license to add a new landing location. The notification must be filed no later than ninety (90) days prior to construction of landing station.
* **SCL-ASG&TC Form.**
	+ This form is used for an assignment of a cable landing license or the transfer of control of a Licensee. The form is used for both substantive and pro forma transactions.
* **SCL-LIC Form.**
	+ This form is used to apply for a cable landing license.
* **SCL-FCN Form.**
	+ The form is used by a Licensee to notify the Commission of new foreign carrier affiliations.
* **SCL-MOD Form.**
	+ This form is used to modify an existing cable landing license, for example to add or remove a Licensee or to add a new landing point.
* **SCL-STA Form**
	+ This form is used to request Special Temporary Authority related to a cable landing license, such as to start construction of the cable prior to grant of the cable landing license.
* **SCL-RWL Form**
	+ This form is used to request renewal of an existing cable landing license.
* **SCL-WAV Form.**
	+ An Applicant/Licensee can request a waiver of the Commission rules by filing an SCL-WAV form.

**FCC Notice Required By The Paperwork Reduction Act**

We have estimated that on average each report will take 4 hours to complete. Our estimate includes the time to read the instructions, rules, 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 (3060-0944), Washington, DC 20554. Please DO NOT SEND COMPLETED REPORTS/APPLICATIONS TO THIS ADDRESS.

The Licensee 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 or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0944. 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**

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**

**Licensee Information**

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with Licensee’s FCC Registration Number (FRN).

When the Licensee enters its FRN, the Licensee 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. However, a few fields are editable in this item in the SCL-LIC form (Attention, Title, Phone, Fax, and Email fields are editable).

Enter any missing data and sections that are not already populated from CORES, such as the “Licensee Legal Entity Type” field.

**Contact Information**

Item 2. Identify the contact representative, if different from the Licensee. The contact information can be imported automatically from CORES if the Licensee 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 Licensee.” If the contact representative is not the same as the Licensee, 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 “Licensee” 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 Licensee is not operating its business using a DBA, you may leave this section blank.
* Indicate how the contact person is related to the Licensee by selecting a choice from the drop-down “Relationship” menu. For example, indicate that the “contact is outside counsel” or “contact is a corporate officer of the Licensee.” Selecting “other” will open a text box for entry of a description of the relationship.

**Report Information**

Item 3. Provide a short description of the report. This description will show up in the list of Licensee’s filings in the “My Filings” tab in ICFS and help to identify the report .

Item 4. Identify the applicable reporting period for the section 1.767(l) quarterly reports.

Item 5. Identify the names of the submarine cable(s) for which you hold a cable landing license(s) and for which the Licensee is required to file section 1.767(l) quarterly reports.

Item 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.

Item 7. Indicate whether the Licensee is requesting confidential treatment of the data. If you are requesting confidential treatment, the Licensee 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 1.767(l)(1) Quarterly Report - Provisioning and Maintenance**

Item 8. This item asks for provisioning and maintenance information required by [section 1.767(l)(1)](https://www.ecfr.gov/cgi-bin/text-idx?SID=855188e2431b3e67cf83b1a65511a6de&mc=true&node=se47.1.1_1767&rgn=div8) of the Commission’s rules. Provide the information set out below by filling out in the table on the form or uploading an attachment in machine readable format containing this information:

1. **Name of Cable System.** Provide the name of the cable system.
2. **Dominant Carrier Route.** Select the relevant route(s) from the drop-down menu of countries.
3. **Facilities and Services Provided.** Describe the facilities and services provided. For example, submarine cable circuits for Private Leased Line; submarine cable circuits for IPVPN, Internet and Etherlink; and submarine cable circuits for TV, Voice and CES/VC).
4. **Volume or Quantity Provisioned.** Enter information as a numerical value.
5. **Time Interval Between Order and Delivery.** Enter information as a numerical value.
6. **Number of Outages.** Enter information as a numerical value.
7. **Intervals between Fault Report and Facility or Service Restoration.** Enter information as a numerical value.

**Section 1.767(1)(2) Quarterly Report - Active and Idle or Equivalent Circuits by Facility**

Item 9. This item asks for information regarding active and idle or equivalent circuits by facility required by [section 1.767(l)(2)](https://www.ecfr.gov/cgi-bin/text-idx?SID=855188e2431b3e67cf83b1a65511a6de&mc=true&node=se47.1.1_1767&rgn=div8) of the Commission’s rules. Provide the information set out below by filling out the table on the form or uploading an attachment in machine readable format containing this information:

1. **Name of Cable System.** Provide the name of the cable system.
2. **Dominant Carrier Route.** Select the relevant route(s) from the drop-down menu of countries.
3. **Terrestrial, Satellite, Submarine Cable.** Select the type of facility from the drop-down menu.
4. **Active Capacity (Gbps).** Enter information as a numerical value.
5. **Idle Capacity (Gbps).** Enter information as a numerical value.
6. **Total Circuits (Gbps).** The system will automatically calculate this field.

**Waiver**

Item 10. Indicate whether this Application includes a request for waver of any Commission rules by checking “Yes” or “No.” If “Yes,” list the rules for which a waiver is sought in Item 10a. Provide an explanation for the waiver request in an attachment, along with other material information.

**Attachments**

Item 11. If the application includes a waiver request and “yes” was selected in Item 10 above, then the Licensee must check “Yes” here and attach a statement specifying the rule section(s) for which a waiver is being requested and including a justification for the requested waiver, along with other material information. If there is no waiver request included with this report filing, then check N/A here..

**Attachments/Confidential Treatment of Attachments**

Item 12. If the Applicant is requesting confidential treatment for any of its attachments, answer this question “yes.” Otherwise, answer “no.”

If the Applicant answers “yes” in item 12, then it 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 which follows below.

The Applicant(s) can upload attachments in this section of the application. The Applicant(s) will identify the attachment(s) with a short name 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 this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can describe the attachment. Also after uploading, the Applicant 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 in the attachment 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 Statements**

Item 13. The Licensee must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include:

* **All information** **required** by Section 1.767(l) has been included in the report.
* **Application is true and correct**. All Licensees must certify that 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.

**Party Authorized to Sign**

Items 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).