

FEDERAL COMMUNICATIONS COMMISSION

**Instructions for
Waiver Application for Data Network Identification Code
Office of International Affairs**

**DNC-WAV
GENERAL INSTRUCTIONS**

Purpose of Form

This form is used to request a waiver of a requirement for a data network identification code (DNIC) for public data networks that use the X.25 international protocol and that interconnect with another data network through an X.70 interface. DNICs are defined in [ITU-T Recommendation X.121](#), which also sets forth the criteria for their assignment. Use of DNICs makes it possible for data terminals on public data networks to interwork with data terminals on public telephone and telex networks and on Integrated Services Digital Networks (ISDNs). The Commission is the administrator of DNICs for international public data networks for the United States.

Through this form, the Commission will collect information concerning the proposed request for waiver of DNIC assignment requirements and will determine whether to grant that waiver.

Who Must File This Form and When

Every entity that already has a DNIC and that seeks to undertake any action contrary to the DNIC requirements must use this form to file waiver of a DNIC requirement. Do not use this form if you are seeking a waiver at the time an assignment request is filed. In that case, the waiver request is included as an attachment to the assignment (DNC-NEW) application.

Description of Form

This form consists of a main form and the ability to file an attachment to support the request. The Applicant is encouraged to upload a single document in machine readable format, including all required information. The Applicant must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

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. The Applicant or the party to the application must notify the Commission regarding any substantial and significant changes in the information furnished in the application while it remains pending.

- **FCC Amendment Form.** To amend a submitted application, use a separate form, DNC-AMD.

Applicable Rules and Regulations

The DNIC requirements can be found in [ITU-T Recommendation X.121](#), which also lists relevant definitions and the criteria for the assignment of DNICs.

- [ITU-T Recommendation X.121, SERIES X: DATA NETWORKS AND OPEN SYSTEM COMMUNICATIONS. Public data networks - Network aspects International numbering plan for public data networks, https://www.itu.int/rec/T-REC-X.121/en.](#)

Applicants should refer to the Debt Collection Improvement Act of 1996. The Debt Collection Act requires all federal agencies ensure that no debtors to the Federal government obtain any licenses or other benefits from the FCC. To ensure this, the Commission must collect FRN information to correlate its Applicants with any outstanding Federal debt that they might have incurred in other dealings with the Federal government. For additional information, press on the FCC's Debt Collection webpage, <https://www.fcc.gov/licensing-databases/fees/debt-collection-improvement-act-implementation>.

Other DNIC Forms

- **DNC NEW Form.**
 - This is the form an Applicant must use when requesting a new DNIC assignment or requesting authority to transfer a DNIC to another network operator (e.g., in the event of a merger).

FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information will take 1.5 hours. Our estimate includes the time for in-house staff 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 (3060-1029), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

The Applicant 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 3060-1029. 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 technical assistance with completing the forms, contact the ICFS Helpline at (202) 418-2222 or ICFSINFO@fcc.gov. For general questions about the form requirements, contact the Office of International Affairs, Telecommunications and Analysis Division at FCC-OIA-TAD@fcc.gov or at (202) 418-1480.

FILING INSTRUCTIONS FOR MAIN DNC-WAV FORM

Applicant Information

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

When the Applicant enters its FRN, the Applicant 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.

Enter any missing data and sections that are not already populated from CORES, such as the "Applicant/Licensee Legal Entity Type" or "Doing Business As (DBA)" name.

Contact Information

Item 2. Identify the contact representative, if different from the Applicant. The contact information can be imported automatically from CORES if the Applicant 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 Applicant." If the contact representative is not the same as the Applicant, 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 "Applicant" 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 Applicant is not operating its business using a DBA, you may leave this section blank.
- Indicate how the contact person is related to the Applicant by making a selection from the drop-down menu. For example, select "Legal Counsel" if the contact is the Applicant's counsel.

Application Information

Item 3. Enter a short description of what you are applying for (e.g., "This is an application for waiver of the DNIC requirements set forth in ITU-T Recommendation X.121 (specifically [insert paragraph no.]).")

Application Fees

Item 4. An application fee is required for this form. If you are exempt from the application fee select "No." Otherwise, select "Yes."

Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid. To determine the required fee amount, refer to Subpart G of Part 1 of the Commission's Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC's website at <http://www.fcc.gov/fees>, by calling the FCC's Form Distribution Center at (800) 418-FORM (3676), or from the FCC's Fax Information System by dialing (202) 418-0177.

Items 4a and 4b. If the Applicant is claiming a fee exemption it must select a reason in question 4a. An attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees must be submitted. If the reason is “other,” briefly describe your rationale in the text box provided. If a request for waiver/deferral of the FCC application fees has been filed with the FCC, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment in Item 6. If the Applicant answered “Yes” to question 4, it must select the correct fee code here in question 4b. The fee code is DAF. Select this fee code.

Attachments

Item 5. Confirm by checking the box that you have submitted an attachment to support the waiver request. Provide a single attachment in a machine readable format. The statement must identify the applicable section(s) of [ITU-T Recommendation X.121](#), along with other material information supporting the waiver request.

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.

Attachments/Confidential Treatment of Attachments

Item 6. If the Applicant is requesting confidential treatment for any of its attachments, answer “Yes” to this question. Otherwise, answer “No.” If the Applicant answers “Yes” in Item 6, 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 and Acknowledgements

Item 7. The Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include:

- **Submission of supporting statement.** All applicants must certify to submission of all statements and exhibits to support the waiver request.
- **Section 5301 of the Anti-Drug Act of 1988 certification.** All applicants must certify that neither they 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 Act of 1988, 21 U.S.C. Section 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

- **Application is true and correct.** All applicants 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 8. Enter all of the requested information. Willful false statements are punishable by fine and or/imprisonment (U.S. Code, Title 18, Section 1001). 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.

Enter the title of the person signing the application. If the Applicant is a corporation or other business entity, the person submitting the application must be an officer.

Do not enter the date in the last box. The date will be filled automatically upon submission of the application.

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).