

FEDERAL COMMUNICATIONS COMMISSION
FCC Application for Data Network
Identification Code

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1. Applicant Information

*FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2 Fax

City Email

State

Zip Code/Postal Code

Country

*Applicant/Licensee Legal Entity Type

- None --
- Individual
- Unincorporated Association
- Government Entity
- Corporation
- Limited Liability Company
- General Partnership**
- Limited Partnership
- Limited Liability Partnership
- Other
- None --

2. Contact Information

Check here if same as Applicant

FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2 Fax

City Email

Contact State

Zip Code/Postal Code

Country

*Relationship

- None --
- None --
- Same
- Legal counsel
- Engineer
- Other**

Application Information

*3. Brief Application Description

*4. Identify the Type of Request

- New application for a DNIC Request to reassign a DNIC

4.a. Describe the reassignment

*4.a.1. Reason

*4.a.2. From Company

*4.a.3. To Company

*4.a.4. From Code

*4.a.5. To Code

*5. Identify the Network Name

*6. Describe the International Service

Application Fees

*7. Will a fee be paid?

- Yes No

NOTE: Selecting "No" radio button will display the 7.a. below. Selecting "Other" displays 7.b.:

*7.a. If no, indicate reason for fee exemption.

- Governmental Entity Noncommercial Educational License Other

*7.b. Fee exempt explanation.

*7.a. If yes, select the appropriate fee code for the application.

Fee Amount

Waivers

*8. Does the Applicant request a waiver(s) of the Commission's rules?

- Yes No

If yes, attach the request with a supporting narrative and documentation.

*8.a. Identify the rule section(s) for which a waiver is sought below.

8.b. Attach a statement explaining the waiver request and identifying the rule number(s) involved:

Attachments

*9. The Applicant has uploaded the information below as described in the filing instructions:

- Network diagram that shows the international nature of the network.
- Description of the service(s)/application(s) for which the DNIC will be used (e.g., Voice, SMS text messaging, or other applications).
- Information showing that the Applicant's network has the capability to efficiently interconnect with existing public data networks and the network also provides a capability for routing transit traffic.
- A statement explaining how allocation of the code is necessary because alternative technical scenarios will not be sufficient.

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

- Yes No

Attachments/Confidential Treatment of Attachments

*11. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

- Yes No

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.

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				

General Certification Statements

*12. In submitting this form,

- The Applicant acknowledges that the DNIC assignment(s) must be implemented within 12 months and certifies that it will notify the Commission of the date the DNIC assignment(s) were implemented by filing a letter in the ICFS file within 12 months after grant of the assignment(s). If the Applicant fails to provide timely notification, the Applicant acknowledges that the DNIC assignment(s) will be returned to the Commission and available for reassignment.

- The Applicant acknowledges that all DNIC assignments are provisional and that it does not have a property right in a DNIC.
- The Applicant acknowledges that the Commission may reclaim an assigned DNIC and reassign it.
- The Applicant certifies that all necessary local, state, and federal authorizations needed have been obtained.
- 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 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.

13. 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 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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