

FEDERAL COMMUNICATIONS COMMISSION
Application for Modification of International Signaling Point Code

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See Instructions [Print Form](#)

Review to Submit

A.1 This is an application for modification of file number:

SPC-NEW-20240723-00005

Please note that any changes filed in this modification will be reflected in the underlying SPC filing upon Commission acceptance of the modification with history of changes in ICFS

*A.2 Applicant must attach a narrative statement describing the changes to the application being made in this modification.

1. Applicant Information

*FRN
000000018

Name
Federal Communications Commission

Doing Business As (DBA)

Street Address
445 12th ST, NW

Street Address 2

City
Washington

State
DC

Zip Code/Postal Code
20554

Country
USA

Attention
Hua Lu

Title
CORES admin user

Phone
+202024182424

Fax
+202024185000

Email
hua.lu@fcc.gov

*Applicant/Licensee Legal Entity Type
Corporation

2. Contact Information

Check here if same as Applicant

FRN
000000018

Name
Federal Communications Commission

Doing Business As (DBA)

Street Address
445 12th ST, NW

Street Address 2

City
Washington

Contact State
DC

Zip Code/Postal Code
20554

Country
USA

Attention
Hua Lu

Title
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Phone
+202024182424

Fax
(111) 333-4455

Email
hua.lu@fcc.gov

*Relationship
Legal counsel

Application Information

*3. Brief Application Description

*4. How many ISPCs is the Applicant Requesting?
1

*5. Enter location(s) where the ISPC(s) will be implemented.

Add Remove All

Actions	1) City	2) State/U.S. Territory	3) Estimated In-service Date
	test	AL	2024-07-26

*6. Does the Applicant hold an international section 214 authorization?

Yes No

*6.a. If yes, enter below the ICFS No(s) of the section 214 authorization

ITC-214-20240712-00001

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.

DAH

Fee Amount

\$755

Waivers

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

Yes No

Attachments

*9. The Applicant has uploaded an attachment containing the information below and described in the filing instructions:

- A statement regarding the nature of the use of the ISPC(s) in the network.
A network diagram that shows how the ISPC(s) will be used.
A statement regarding the signaling point manufacturer/type.
The physical address where the ISPC(s) will be located.
Identification of at least one planned Message Transfer Part (MTP) signaling relation.
10. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

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

Table with columns: Attachment No., File Name, Description of Attachment, Confidential, Action. Row 1: 1, ISP.docx, Form Attachment, [checkbox], [x]

Attach File

General Certification Statements

*12. In submitting this form,

- The Applicant certifies that it will implement the ISPC assignment(s) within twelve (12) months of assignment.
If the Applicant fails to provide timely notification, the ISPC assignment(s) will be returned to the Commission and made available for reassignment.
The Applicant acknowledges that a grant of an ISPC is a provisional assignment and the Applicant does not have a property right in an ISPC(s).
The Applicant acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.
The Applicant acknowledges that an ISPC cannot be transferred except in the case of a merger, acquisition, divestiture, or joint venture.
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.
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

Form fields for 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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Required information

2. Applicant must attach a narrative statement describing the changes to the application being made in this modification. 3. Brief Application Description 12. In submitting this form. First Name Last Name Title Signature