Attachment Uploaded

* Indicates required FCC 230 SPC-NEW

FEDERAL COMMUNICATIONS COMMISSION

3060-1028 Estimated Time Per Response: 3 hour Edition Date: August 2024

FCC Application for an International Signaling Point Code (ISPC)

Save as Draft		Con landouseline	o [2] Delint Source [2]		Review to Submit				
		See Instruction	s 🗗 <u>Print Form</u> 🗗						
1. Applicant Information									
*FRN									
FRIN									
Name			Attention						
Name			Attention						
Doing Business As (DBA)			Title						
Street Address			Phone						
Street Address 2			Fax						
City			Email	Email					
State			*Applicant/Licensee Legal Entity Type						
			None						
Zip Code/Postal Code			I Q						
			None		_				
Country			Individual Unincorporated Association						
			Government Entity						
			Corporation Limited Liability C						
2. Contact Information			General Partnersi		-				
			Limited Partnersh	nip					
☐ Check here if same as Applicant			Limited Liability P	artnership					
*FRN			Other - None		-				
Name			Attention						
Doing Business As (DBA)			Title						
Street Address			Phone						
Street Address 2			Fax						
City			Email	Email					
Contact State			*Relationship						
			None		A				
Zip Code/Postal Code									
			I		٩				
Country			None						
			Same						
Application Information			Legal counsel						
			Engineer						
* 3. Brief Application Description			Other						
*4. How many ISPCs is the Applicant R	lequesting?								
*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					
/ ×	Centreville	AZ		2024-07-24					
• 6. Does the Applicant hold an international section 214 authorization? • Yes O No									
*6.a. If yes, enter below the ICFS No(s)	of the section 214 authorization								
▼ ITC-214-20240712-00001 ▼ ITC-214-20240716-00004									

*7. Will a fee be paid?	NOTE: Selecting "No" radio button will display the 7.a. below. Selecting "Other	r" displays 7.b.:	*7.a. If yes, select the appropriate fee code for the application.		
O Yes O No	*7.a. If no, indicate reason for fee exemption.		DAN		
	Governmental Entity Noncommercial Educational License Other		Fee Amount		
	•7.b. Fee exempt explanation.		\$875		
<u>Waivers</u>					
*8. Does the Applicant of Yes No	equest a waiver(s) of the Commission's rules?				
If yes, attach the reque	t with a supporting narrative and documentation.				
*8.a. Identify the rule se	ction(s) for which a waiver is sought below.				
8.b. Attach a statement * Attach File	xplaining the waiver request and identifying the rule number(s) involved:				
<u>Attachments</u>					
*9.The Applicant h	s uploaded an attachment containing the information below and described in the filing inst	ructions:			
A statement regarding	he 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	he signaling point manufacturer/type.				
The physical address v	nere the ISPC(s) will be located.				
Identification of at least	one planned Message Transfer Part (MTP) signaling relation.				
☐ *10. The Applicant	as uploaded a statement supporting the waiver request and identifying the rule number(s)	involved, along with ot	ner material information.		
Attachments/Co	nfidential Treatment of Attachments				
*11. Is the Applicant red O Yes O No	uesting confidential treatment of an attachment(s) under section 0.459 of the Commission's	s rules? 😯			
	oad a supporting statement for the "confidential treatment request(s)" identifying the applic he attachment(s) in the Attachments section below.	able rule(s) and providi	ng other supporting materials or information. The Applicant must also upload both the Redacted Public ve	sion and the Non-Red	dacted
Attachment No.	File Name	De	scription of Attachment	Confidential	Actio
1 (a) Confidential No	n-Redacted Version SPC.docx	F	orm Attachment	. ☑	×
(b) Public Redacte	Version		ipload Public Redacted Filing		0
	f Confidential Treatment Request and				0
Supporting Stater	ent		pload Public Version of Confidential Treatment Request (with supporting statement, identifying	J	0/
Attach File 🕖					
General Certifica	tion Statements				
*12. In submitting	nis form,				
The Applicant certifies	hat 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	nade available for reass	ignment.		
The Applicant acknowl	dges that a grant of an ISPC is a provisional assignment and the Applicant does not have a	property right in an ISPO	C(s).		
The Applicant acknowl	dges that the Commission may reclaim an assigned ISPC(s) and reassign it.				
The Applicant acknowl	dges that an ISPC cannot be transferred except in the case of a merger, acquisition, divesti	ture, or joint venture. Th	ne Applicant will notify the Commission of any such action by filing an SPC-TC form within thirty (30) days of	the action.	
	ee 47 CFR § 1.2002(b) for the meaning of "party to the application" for these purposes. (This		s, pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for ppply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal, State or local g		
• The Applicant certifies	hat all of its statements made in this Application and in the attachments or documents inco	rporated by reference	are material, are part of this Application, and are true, complete, correct, and made in good faith.		
13. Party Authorized to	ign				
* First Name			MI		
*Last Name			Suffix		
*Title					
*Signature			Date		
	EALL	IDE TO SIGNITHIS EODA	1 MAY RESULT IN DISMISSAL		
			DRFEITURE OF ANY FEES PAID		
			E ON THIS FORM ARE PUNISHABLE (U.S. Code, Title 18, Section 1001),		
	AND/OR REVO	ATION OF ANY STATIO	N LICENSE OR CONSTRUCTION PERMIT		
	(U.S. Code, Title 47, S	ecuon 3 (2(d)), AND/OR	FORFEITURE (U.S. Code, Title 47, Section 503)		
Allow Internal User	to View Draft if in Draft State				
Smin as Deaf				B 1	Cube ·
Save as Draft				Review to) Submit

Required information
Arrachment Unloaded
FRN | Applicant Discussive Legal Entity type | FRN | Relationship | 3. Brief Application Description | 4. How many ISPCs is the Applicant Requesting? | 8.a. Identify the rule section(s) for which a waiver is sought below.

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

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

12. In submitting this form, First Name Last Name
Title | Signature