

* Indicates required
FCC 214
ITC-DSC

FEDERAL COMMUNICATIONS COMMISSION

Discontinuance of International Section 214 Services

Approved by OMB
3060-0686
Estimated Time Per Response: 2-4 hours
Edition Date: August 2024

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See Instructions [↗](#) [Print Form](#) [↗](#)

1. Applicant Information

*FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2 Fax

City Email

State *Applicant/Licensee Legal Entity Type

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

2. Contact Information

Check here if same as Applicant

*FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Fax

Email

*Relationship

-- None --

Same

Legal counsel

Engineer

Other

Application Information

*3. Brief Application Description

*4. International 214 authorizations under which the service(s) are provided that the carrier proposes to discontinue, reduce or impair.

*5. Description of the service(s) to be discontinued, reduced or impaired.

*6. Description of the geographic area of the planned discontinuance, reduction or impairment of service(s).

*7. Date carrier proposes to discontinue, reduce or impair the service.

*8. Date carrier provided notice of proposed discontinuance, reduction or impairment of services to all of the affected customers.

*9. Has the carrier been classified as dominant in the provision of the international service(s) to be discontinued, reduced or impaired because the carrier possesses market power in the provision of that service on the U.S. end of the route?

Yes No

* Does the carrier seek to:

- 9.a. Retire international facilities, dismantle or remove international trunk lines but not discontinue, reduce or impair the dominant services being provided through those facilities
- 9.b. Discontinue, reduce or impair the dominant service or retire facilities that impair or reduce the dominant service

In an attachment provide the information required by section 63.500 of the Commission's rules.

Application Fees

If you select no, the following appears:

*10. Will a fee be paid?

Yes No

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

Governmental Entity Noncommercial Educational License Other

*14.b. Fee exempt explanation.

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

Fee Amount

Waivers

*11. 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.

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

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

* Attach File

Attachment(s)

- *12. The Applicant has uploaded an attachment providing a narrative description of the proposed discontinuance, reduction or impairment of services and a copy of the notification sent to the affected customers.
- *13. If applicable, the Applicant has uploaded an attachment providing the information required by section 63.500 of the Commission's rules.
 - Yes Not Applicable
- *14. 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

*15. Is the Applicant requesting confidential treatment of any part of this filing 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
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No Attached Files

Attach File

General Certification Statements

- *16. In submitting this form,
 - 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.

17. 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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