

**Instructions for
International Route List
Office of International Affairs**

RTL-WAV

Purpose of Form

Form RTL-WAV is used to file waiver request regarding the requirements to file a list of U.S.-international routes for which the carrier has a direct termination arrangement, as required by section 63.22(h) of the Commission's rules. Carriers are under an obligation to maintain the continuing accuracy and completeness of information included on the RTL-NEW form. If you need to file an initial list, please use the RTL-NEW form. If you need to update information associated with an existing list, please use the RTL-MOD form.

The purpose of this form is to allow a carrier to file a waiver request related to the requirement to file a list of U.S.-international routes for which the carrier has a direct termination arrangement. This list is used by the FCC to determine which carriers have direct termination arrangements on a particular U.S.-international route.

Who Must File This Form and When

If a carrier has previously filed an RTL-NEW or RTL-MOD, an RTL-MOD must be filed within 30 days of any change. If a carrier wishes to file a request for waiver of these requirements, it must use this form.

Description of Form

Form RTL-WAV obtains information sufficient to identify the carrier, contact information, and associated authorizations. The form provides an opportunity to file an attachment with the waiver request.

Other RTL Forms

- **RTL-NEW Form.**
 - Once an initial list has been filed with the RTL-NEW form is used to file an initial list within 30 days of entering into an agreement.
- **RTL-MOD Form.**
 - Once an initial list has been filed with the RTL-NEW form, any revisions to the list should be filed ruling the RTL-MOD form within 30 days of the change.

FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time 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, please e-mail

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them to pra@fcc.gov or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-0404), Washington, DC 20554.

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 3060-0686. 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 (202) 418-1480 or at FCC-OIA-TAD@fcc.gov.

FILING INSTRUCTIONS

Remember to save your draft application periodically by clicking the save button. ICFS will time-out out after 15 minutes of no activity, and failure to save will result in loss of any information entered into the application form after the last save.

Applicant Information

Item A.1. Enter the Waiver Parent File No.

Item A.2. Enter the Waiver Parent Call Sign.

Item 1. Enter the information requested. Some data will be pre-populated using the data associated with 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.

<https://www.fcc.gov/licensing-databases/commission-registration-system-fcc>

Enter any missing data and sections that are not already populated from CORES, such as the "Applicant/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 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. For example, select "Legal Counsel" if the contact is the Applicant's counsel.

Application Information

Item 3. Provide a brief description of the waiver request. For example, "Company A requests a waiver of the requirement in section 633.22(h) of the Commission's rules to file a route list."

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Item 4. Confirm by checking “Yes” that you have submitted an attachment to support the waiver request. Provide a single attachment in a machine readable format.

Confidential Treatment of Attachments

Item 5. Applicant can check the “Yes/No” box to Indicate whether the Applicant requests confidential treatment of any part of this filing under section 0.459 of the Commission’s rules by checking “Yes” or No.”

If “Yes,” 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.

If “Yes,” the Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section.

The Applicant can file a confidential attachment. The Applicant can upload attachments at the end of the form using the Attachment Upload button.

In the Table provided, the Applicant(s) will enter an attachment number to identify the attachment(s) uploaded; provide a short description of the information included in each attachment in the text box; and indicate whether confidential treatment is requested by checking the box.

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.

Certification Statements and Acknowledgements

Item 6. The Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form, as appropriate, by clicking on the single indicated checkbox. These include:

- The Applicant certifies that it has identified the rule number(s) involved in the waiver request and submitted all statements and exhibits to support this waiver request.
- 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.

Party Authorized to Sign

Item 7. Enter all the requested information. If the carrier is a corporation or other business entity, the person submitting the application must be an officer. 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.

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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 35, AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).