

* Indicates required

FCC 225
RTL-NEW

FEDERAL COMMUNICATIONS COMMISSION

FCC Form for International Service Providers to Identify Direct Termination Arrangements With A Foreign Carrier Initial Route List

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

Save as Draft

Review to Submit

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

Facilities-Based International Common Carrier Information

1. Applicant Information

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

*Applicant/Carrier Legal Entity Type

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

2. Contact Information

Contact Same as Filer or Carrier

*FRN

Name

Attention

Doing Business As (DBA)

Street Address

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Title

Phone

Fax

Email

*Relationship

Same

Legal counsel

Engineer

Other

Application Information

*3. Brief Application Description

*4. The International Route List is a record not routinely available for public inspection under section 0.457(d)(xi) of the Commission's rules. Does the carrier want to allow its route list to be made available to the public?

Yes No

*5. Identify each international section 214 authorization held by the carrier.

Actions	(a) AuthID/ICFS File Number	(b) Type of Authorization
No data to display		

6. Identify and provide a complete list of any U.S.-international route on which the carrier has an arrangement with a foreign carrier for direct termination in a foreign destination. [See instructions for further information about submitting this information.](#)

Note: This table appears when you click "Add" on question 5.

Waivers

*7. 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.

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

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

Add Row

* (a) AuthID/ICFS File Number

* (b) Type of Authorization

Cancel

Add




Attachments/Confidential Treatment of Attachments

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

Yes No

Attachment No.	File Name	Description of Attachment	Confidential	Action
----------------	-----------	---------------------------	--------------	--------

No Attached Files



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

General Certification Statements

*10. In submitting this form,

• The carrier certifies that it has provided an attachment with any additional information to comply with section 63.22(h) of the Commission's rules.

• The carrier certifies that it will file a modification form (RTL-MOD) within 30 days of any change to this list due to either the addition of routes or the discontinuance of arrangements.

• 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.

• 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).)

11. Party Authorized to Sign

*First Name	<input type="text"/>	MI	<input type="text"/>
*Last Name	<input type="text"/>	Suffix	<input type="text"/>
*Title	<input type="text"/>		
*Signature	<input type="text"/>	Date	<input type="text"/>

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

