

FEDERAL COMMUNICATIONS COMMISSION
FCC Form for Quarterly Section 63.10(c) Report

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

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

*Authorization Holder Legal Entity Type

-- None --

- 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 Carrier

*FRN

Name

Doing Business As (DBA)

Street Address

Attention

Title

Phone

Street Address 2

Fax

City

Email

Contact State

*Relationship

Zip Code/Postal Code

Country

Same

Legal counsel

Engineer

Other


Report Information

*3. Brief Description of Report

4. Indicate the reporting period below.

*4.a. Reporting Quarter

*4.b. Reporting Year

*5. Identify the routes on which the Carrier is classified as dominant and required to comply with section 63.10(c) of the Commission's rules. 

*6. Does the Carrier request confidential treatment for its Quarterly Report(s)?

Yes No

Section 63.10(c)(2) Quarterly Report: International Traffic and Revenue

7. Provide the Traffic and Revenue information in the table below or in an attachment to comply with section 63.10(c)(2) of the Commission's rules. [See instructions for further information about submitting this information.](#)

Actions	a) Dominant Carrier Route	b) Type of Services	c) Minutes Completed on Foreign Networks	d) Settlement Payouts for Call Completion on Foreign Networks (in U.S. dollars)	e) Foreign Billed Minutes	f) Foreign Billed Settlement Receipts (in U.S. dollars)
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No data to display

Section 63.10(c)(3) Quarterly Report: Provisioning and Maintenance

8. Provide the Provisioning and Maintenance information in the table below or in an attachment to comply with section 63.10(c)(3) of the Commission's rules. [See instructions for further information about submitting this information.](#)

Actions	a) Dominant Carrier Route	b) Circuits and Services Provided	c) Average time intervals between Order and Delivery	d) Number of Outages	e) Intervals between Fault Report and Service Restoration	f) Percentage of "Peak Hour" Calls that Failed to Complete
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No data to display

Section 63.10(c)(4) Quarterly Report: Active and Idle or Equivalent Circuits by Facility

9. Provide the Active and Idle 64 kbps or Equivalent Circuits by Facility information in the table below or in an attachment to comply with section 63.10(c)(4) of the Commission's rules. [See instructions for further information about submitting this information.](#)

Actions	a) Dominant Carrier Route	(b) Terrestrial, Satellite, Submarine Cable	(c) Active Capacity (Gbps)	(d) Idle Capacity (Gbps)	(e) Total Circuits (Gbps)
No data to display					

Waivers

*10. 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.

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

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

Attachments

*11. 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

*12. Is the Applicant requesting confidential treatment of an attachment(s) 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
1	(a) Confidential Non-Redacted Version	cycle_4_demo.txt		
	(b) Public Redacted Version	Form Attachment	<input checked="" type="checkbox"/>	
	(c) Public Version of Confidential Treatment Request and Supporting Statement	Upload Public Redacted Filing		
		Upload Public Version of Confidential Treatment Request (with supporting statement, identifying the		

General Certification Statements

*13. In submitting this form,

• The Licensee certifies that it has filed the information required by section 63.10(c) of the Commission's rules.

• 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).)

14. 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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