

# FEDERAL COMMUNICATIONS COMMISSION

## Discontinuance of International Section 214 Services

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### 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/Licensee 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 Applicant

\*FRN

Name

Doing Business As (DBA)

Street Address

Attention

Title

Phone

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Fax

Email

\*Relationship

-- None --

Search

- 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
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
<input type="text"/>	<input type="text"/>
* Last Name	Suffix
<input type="text"/>	<input type="text"/>
* Title	
<input type="text"/>	
* Signature	Date
<input type="text"/>	<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 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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