

* Indicates required

FCC 225
RTL-WAV

FEDERAL COMMUNICATIONS COMMISSION

Waiver Application for International Route List (International Service Providers to Identify Direct Termination Arrangements With A Foreign Carrier)

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 [↗](#)

A.1 Waiver Parent File Number

A.2 Waiver Parent Callsign

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

2. Contact Information

Check here if same as Applicant

*FRN

Name

Attention

Doing Business As (DBA)

Title

Street Address

Phone

Street Address 2

Fax

City

Email

Contact State

*Relationship

Zip Code/Postal Code

Country

Application Information

*3. Brief Application Description

Attachment(s)

*4. 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

*5. 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 3-22-Meeting_notes.txt	<input type="text" value="Form Attachment"/>	<input checked="" type="checkbox"/>	
	(b) Public Redacted Version	<input type="text" value="Upload Public Redacted Filing"/>		
	(c) Public Version of Confidential Treatment Request and Supporting Statement	<input type="text" value="Upload Public Version of Confidential Treatment Request (with supporting"/>		

General Certification Statements

*6. In submitting this form,

• The Applicant certifies that it has 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.

• 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).)

7. 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)