

**FEDERAL COMMUNICATIONS COMMISSION**

**Instructions for Filing a  
Data Network Identification Code Application  
Office of International Affairs**

**DNC-NEW**

**Purpose of Form**

This form is used to request assignment of a single data network identification code (DNIC) for public data networks that use the X.25 international protocol and that interconnect with another data network through an X.70 interface. DNICs are defined in [ITU-T Recommendation X.121](#), which also sets forth the criteria for their assignment. Use of DNICs makes it possible for data terminals on public data networks to interwork with data terminals on public telephone and telex networks and on Integrated Services Digital Networks (ISDNs). The Commission is the administrator of DNICs for international public data networks for the United States.

Through this form, the Commission will collect information concerning the proposed request for a DNIC and will determine whether to assign the requested DNIC or approve the transfer of a previously assigned DNIC.

**Who Must File This Form and When**

Entities seeking a new DNIC assignment or approval of a transfer of a DNIC must submit this form.

**Description of Form**

This form consists of a main form and the ability to file an attachment to support the request. The Applicant is encouraged to upload a single document in machine readable format, including all required information. The Applicant must fill in all required fields, upload required documents, make all required certifications, and sign the form before submitting the application.

**Information Current and Complete**

Information filed in the application with the Commission must be kept current and complete under section [1.65](#) of the Commission's rules. The Applicant or the party to the application must notify the Commission regarding any substantial and significant changes in the information furnished in the application while it remains pending.

- **FCC Amendment Form.** To amend a submitted application, use a separate form, DNC-AMD .

## Applicable Rules and Regulations

The requirements can be found in [ITU-T Recommendation X.121](#), which also lists relevant definitions and the criteria for the assignment of DNICs.

- [ITU-T Recommendation X.121, SERIES X: DATA NETWORKS AND OPEN SYSTEM COMMUNICATIONS, Public data networks - Network aspects International numbering plan for public data networks, <https://www.itu.int/rec/T-REC-X.121/en>](#).

Applicants should refer to the Debt Collection Improvement Act of 1996. The Debt Collection Act requires all federal agencies ensure that no debtors to the Federal government obtain any licenses or other benefits from the FCC. To ensure this, the Commission must collect FRN information to correlate its Applicants with any outstanding Federal debt that they might have incurred in other dealings with the Federal government. For additional information, see the FCC's Debt Collection webpage, <https://www.fcc.gov/licensing-databases/fees/debt-collection-improvement-act-implementation>.

## Other DNC Forms

- **DNIC Waiver Form.**
  - o If needed, after a DNIC assignment is granted, Applicant may file a waiver request by using a DNC-WAV form.

## FCC Notice Required By The Paperwork Reduction Act

We have estimated that each response to this collection of information (using in-house staff) will take 2 hours. Our estimate includes the time for in-house staff 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 it causes you, please e-mail them to [pra@fcc.gov](mailto:pra@fcc.gov) or send them to the Federal Communications Commission, AMDPERM, Paperwork Reduction Project (3060-1029), Washington, DC 20554. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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 3060-1029. 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](mailto:ICFSINFO@fcc.gov). For general questions about the form requirements, contact the Office of International Affairs, Telecommunications and Analysis Division at [FCC-OIA-TAD@fcc.gov](mailto:FCC-OIA-TAD@fcc.gov) or at (202) 418-1480.

## FILING INSTRUCTIONS FOR MAIN DNC-NEW FORM

### Applicant Information

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

Enter any missing data and sections that are not already populated from CORES, such as the "Applicant/Licensee 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 the "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 by making a selection from the drop-down menu. For example, select "Legal Counsel" if the contact is the Applicant's counsel.

### Application Information

Item 3. Enter a short description of what you are applying for (e.g., "This is an application for one DNIC, to be used in an international network called [insert your network's name]"). This description will appear in the My Filings tab of your ICFS account page where all your applications are listed.

Item 4. Type of Request: Indicate whether the application requests a new assignment of a DNIC or the reassignment of a DNIC. If requesting a reassignment, include an attachment providing information relating to the request for reassignment of a DNIC, e.g., explaining if this a reassignment from one company to another company as a result of a merger or divestiture.

Item 4a. Applicants that selected "Reassignment" must briefly describe the reassignment. On the first line enter the reason for requesting reassignment of a DNIC from one network to another, e.g., merger. If there is a change in ownership of the network or the company that has the DNIC, describe in an attachment the nature of the transaction. Also provide the new owner's identification and contact information in the attachment (in other words, provide the information for Items 1-3 for the DNIC assignee/transferee). Enter the name of the company that is currently using the desired DNIC (the "from company"). Then enter the name of the company that will be acquiring this DNIC (the "to company").

The “from code” and “to code” may be the same—it is the code that is the subject of the reassignment.

Item 5. Network Name: Provide the trade name of the network to which the requested DNIC should be assigned. This is usually the name used to advertise the network to potential customers.

Item 6. International service description: Describe the nature of the international service that is being or will be offered. This can be illustrated further in the network diagram requested in question 9 below.

### **Application Fees**

Item 7. An application fee is required for this form. If you are exempt from the application fee select “No.” Otherwise, select “Yes.”

**Note that the FCC may not be able to start its review of a submitted application until the associated application fee is paid.** To determine the required fee amount, refer to Subpart G of Part 1 of the Commission’s Rules ([47 CFR Part 1, Subpart G](#)) and the current [Fee Filing Guide](#). The current Fee Filing Guide can be downloaded from the FCC’s website at <https://www.fcc.gov/licensing-databases/fees/application-processing-fees>, by calling the FCC’s Form Distribution Center at (800) 418-FORM (3676), or from the FCC’s Fax Information System by dialing 1-866-418-0232.

Items 7a and 7b. If the Applicant is claiming a fee exemption it must select a reason in question 7a. An attachment demonstrating the Applicant’s eligibility for exemption from FCC application fees must be submitted. If the reason is “Other,” briefly describe your rationale in the text box provided. If a request for waiver/deferral of the FCC application fees has been filed with the FCC, provide the date-stamped copy of the request filed with the Commission’s Office of the Managing Director as an attachment in Item 9. If the Applicant answered “Yes” to question 7, it must select the correct fee code here in question 7b. The fee code is DAM. Select this fee code.

### **Waiver**

Items 8 and 8a. Indicate whether this application includes a waiver request by checking “Yes” or “No.” If “Yes,” then in Item 8a. list the rule section(s)/ITU-T Recommendation X.121 requirement(s) that you seek to have waived.

With any waiver request, attach a statement specifying the rule section(s) for which a waiver is being requested and include a justification for the requested waiver, along with other material information. Note that a waiver associated with the filing requirements for a new DNIC request must be submitted as part of the DNC-NEW form. A separate DNC-WAV application is not necessary. The Applicant may attach the waiver request statement by clicking the button in Item 8b or in the Attachments/Confidential Treatment of Attachments that follows.

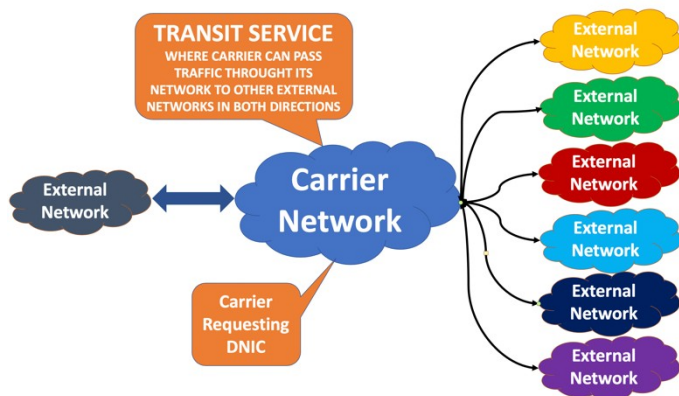
Item 9. If the Applicant is including a waiver request with this question (i.e., it responded “Yes” to Item 8), then it must check “Yes” here to indicate that it has uploaded a justification for the waiver request, including identification of rule numbers involved and any other material information. Select “N/A” if there is no waiver request.

### **Attachments**

Item 10. Confirm by checking “Yes” that you have submitted an attachment to support the request. Provide a single attachment in machine readable format that contains all of the requested information below. The information requested is based on requirements set forth in [ITU-T Recommendation X.121](#).

Below is additional explanation about each requested item:

- A network diagram that shows the international nature of the network. ITU-T Recommendation X.121 requires that networks eligible for a DNIC must be international by, for example, spanning several countries. (See ITU-T Recommendation X.121 at Annex G, section G.2, <https://www.itu.int/rec/recommendation.asp?lang=en&parent=T-REC-X.121-200010-I>). The network diagram must not only show the basic components of the applicant's network, but also show its proposed role in the global public data network using the DNIC code. Specifically, your network diagram(s) should:
  - Show the geographic scope that includes other countries and/or regions that are covered in the Applicant's network and where the Applicant plans for connections that will be supported by receiving this DNIC code.
  - Show the specific connections to other networks. These should be connections that are currently in place or are planned.
- Description of the service(s)/application(s) for which the DNIC will be used (e.g., Voice, SMS text messaging, or other applications). In describing your services/applications, you may also provide, if relevant, examples of material used to advertise the carriage of public data service provided over the network. You can also provide any additional information with the respect to the assignment request you feel the FCC staff will need to act upon the application.
- Information showing that that the Applicant's network has the capability to efficiently interconnect with existing public data networks and the network also provides a capability for routing transit traffic.<sup>1</sup> For example:



- A statement explaining how allocation of the new DNIC code is necessary because alternative technical scenarios will not be sufficient.<sup>2</sup> You should demonstrate that the allocation of the DNIC code is the most efficient and effective method for identifying the global network. Because DNIC codes are scarce, the statement should include a description of why the Applicant needs to obtain a DNIC in order to offer the service.

<sup>1</sup> Transit routing of traffic means that the applicants will accept external traffic, carry it across their network and then forward it to a different external network. That is, it can and will act as part of a larger network to interconnect other networks.

<sup>2</sup> See ITU-T Recommendation X.121, Series X: Data Networks and Open System Communications, Public Data Networks - Network Aspects, International Numbering Plan for Public Data Networks, [Annex H, Scenarios 1 and 2](https://www.itu.int/rec/T-REC-X.121-200010-I/en) <https://www.itu.int/rec/T-REC-X.121-200010-I/en>.

**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.

### **Attachments/Confidential Treatment of Attachments**

Item 11. If the Applicant is requesting confidential treatment for any of its attachments, answer “Yes” to this question. Otherwise, answer “No.” If the Applicant answers “Yes” in Item 11, then it 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 which follows below.

The Applicant(s) can upload attachments in this section of the application. The Applicant(s) will identify the attachment(s) with a short name to easily identify the information included in each attachment.

**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.

In this item, the Applicant may use the upload button to upload its attachments. After uploading, the Applicant can describe the attachment. Also after uploading, the Applicant can click the confidential treatment button next the attachment name if it so desires. Clicking the confidential treatment button will trigger a request to upload both a redacted, public version of the attachment and a public supporting statement justifying the confidentiality request. Identify in the attachment the applicable rule(s) and provide other supporting materials or information. Documents designated for confidential treatment will not be publicly viewable in ICFS while the Commission considers the confidentiality request.

### **Certification Statements and Acknowledgements**

Item 12. Applicant must certify acknowledgement of all requirements listed here and elsewhere in this form by clicking on the single indicated checkbox. These include:

- **Certification regarding DNIC implementation.** The Applicant acknowledges that the DNIC assignment(s) must be implemented within 12 months and certifies that it will notify the Commission of the date the DNIC assignment(s) were implemented by filing a letter in the ICFS file within 12 months after grant of the assignment(s). If the Applicant fails to provide timely notification, the Applicant acknowledges that the DNIC assignment(s) will be returned to the Commission and available for reassignment.
- **Provisional assignment.** The Applicant must acknowledge that it is aware that grant of a DNIC is a provisional assignment and that no one has a property right in a DNIC.
- **Reclaiming DNICs.** The Applicant must certify that is aware that the Commission may reclaim an assigned DNIC and reassign it.
- **All necessary authorizations.** The Applicant must certify that all necessary local, state, and federal authorizations needed have been obtained.
- **Section 5301 of the Anti-Drug Act of 1988 certification.** All applicants must certify that neither they 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 Act of 1988, 21 U.S.C. Section 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.
- **Application is true and correct.** All applicants must certify that 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.

**Party Authorized to Sign**

Items 13. Enter all of the requested information. 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.

Enter the title of the person signing the application. If the Applicant is a corporation or other business entity, the person submitting the application must be an officer.

Do not enter the date in the last box. The date will be filled automatically upon submission of the application.

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