\* Indicates required

FCC 245 DNC-AMD

## FEDERAL COMMUNICATIONS COMMISSION

FCC Application to Amend a Pending Data Network Identification Code (DNIC) Application

Not Yet Approved by OMB 3060-1029 Estimated Time Per Response: 1 hour Edition Date: May 2025

Save as Draft Delete	Review to Submit	
See Instructions © Print Form ©		
A.1 This is an application for the amendment of file number:		
DNC-NEW-20250303-00010		
*A.2 Applicant must attach a narrative statement describing the changes to the application being ma	ade in this amendment.	
1. Applicant Information		
*FRN		
0027003144		
Name	Attention	
private private private	private private	
Doing Business As (DBA)	Title	
private	private	
Street Address	Phone	
private	privateprivate	
Street Address 2	Fax	
private	private private	
City	Email	
private	privatetest@test.com	
State	*Applicant Legal Entity Type	
	Unincorporated Association	
Zip Code/Postal Code		
private		
Country		
2. Contact Information		
Check here if same as Applicant		
FRN		
0027003144		
Name	Attention	
private private private	private private private	
Doing Business As (DBA)	Title	
private	private	
Street Address	Phone	
private	privateprivate	
Street Address 2	Fax	
private	(123) 123-1233	
City	Email	
private	private	
Contact State	* Relationship	
	Same	
Zip Code/Postal Code		

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ICFS Form - ICFS Port	<b>ICFS</b>	Form	- ICFS	Porta
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private				
Country				
Application Information				
*3. Brief Application Description				
3. Bitel Application Description				
*4. Identify the Type of Request				
	reassign a DNIC			
*5. Identify the Network Name				
test				
*6. Describe the International Service				
test				
Application Fees				
7. Will a fee be paid?  Yes No		7.a. If no, indicate reason for fee exemption.  Governmental Entity Noncommercial Educational License	Other	
		7.b. Fee exempt explanation.		
		There are no fees for amendments.		
<u>Waivers</u>				
*8. Does the Applicant request a waiver(s) of the G	Commission/s rulos?			
Yes No	commission's rules:			
	g the waiver request and identifying the ru <b>l</b> e numbe	r(s) involved, along with other material information.		
Yes No				
<u>Attachments</u>				
*10. The Applicant has uploaded the informa	tion below as described in the filing instructions:			
Network diagram that shows the international name of the control of the cont	_			
• Description of the service(s)/application(s) for wh	nich the DNIC will be used (e.g., Voice, SMS text mess	aging, or other applications).		
• Information showing that the Applicant's networ	k has the capability to efficiently interconnect with e	xisting public data networks and the network also provides a capability for routing	transit traffic.	
• A statement explaining how allocation of the coc	le is necessary because alternative technical scenario	os will not be sufficient.		
Attachments/Confidential Treatm	ent of Attachments			
*11 Is the Applicant requesting confidential treat	ment of an attachment(s) under section 0.459 of the	Commission's rules?)		
Yes No	ment of an attachment(s) ariser section of iss of the	Commission states, C		
	nt for the "confidential treatment request(s)" identif Non-Redacted Confidential version of the attachme	ying the applicable rule(s) and providing other supporting materials or information nt(s) in the Attachments section below.	n. The Applicant m	ust a <b>l</b> so
Attachment No.	File Name	Description of Attachment	Confidential	Action
1 (a) Confidential Non-Redacted Version	312 dev 20.csv	Form Attachment		×
(b) Public Redacted Version	325 feedback.txt	Form Attachment		×
(c) Public Version of Confidential Treatment Request and Supporting Statement	325 feedback.txt	Form Attachment		×
Attach File 🕖				
General Certification Statements				
*12. In submitting this form,				
	nment(s) must be implemented within 12 months ar	d certifies that it will notify the Commission of the date the DNIC assignment(s) we	ere implemented l	by filing a
	of the assignment(s). If the Applicant fails to provide	timely notification, the Applicant acknowledges that the DNIC assignment(s) will be		-

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• The Applicant acknowledges that all DNIC assignments are provisional and that it does not have a property right in a DNIC.

- $\bullet \ \, \text{The Applicant acknowledges that the Commission may reclaim an assigned DNIC and reassign it. }$
- $\bullet \ \, \text{The Applicant certifies that all necessary local, state, and federal authorizations needed have been obtained.}$
- 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.

13. Party Authorized to Sign		
*First Name	MI	
*Last Name	Suffix	
*14. Title		
*Signature	15. 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)		
Allow Internal Users to View Draft if in Draft State		
Save as Draft Delete	Review to Submit	
Required information		
A.2 Applicant must attach a narrative statement describing the changes to the application being made in this amendment.  3. Brief Application Description  9. Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along with other material information.  12. In submitting this form, First Name Last Name Last Name Last Name Last Name Last Name Last Name Name Last Name Name Name Name Name Name Name Name		
9. Applicant has uploaded a statement explaining the waiver request and identifying the rule number(s) involved, along w	rith other material information.	

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