

* Indicates required

FCC 214
ITC-RPTFEDERAL COMMUNICATIONS COMMISSION
FCC Form for Quarterly Section 63.10(c) ReportNot Yet Approved by OMB
3060-0686
Estimated Time Per Response: 2 hours
Edition Date: May 2025

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See Instructions [↗](#) [Print Form](#) [↗](#)**1. Applicant Information**

*FRN	
<input type="text"/>	
Name	Attention
<input type="text"/>	<input type="text"/>
Doing Business As (DBA)	Title
<input type="text"/>	<input type="text"/>
Street Address	Phone
<input type="text"/>	<input type="text"/>
Street Address 2	Fax
<input type="text"/>	<input type="text"/>
City	Email
<input type="text"/>	<input type="text"/>
State	*Authorization Holder Legal Entity Type
<input type="text"/>	<input type="text" value="-- None --"/>
Zip Code/Postal Code	
<input type="text"/>	
Country	
<input type="text"/>	

2. Contact Information

☐ Check here if same as Carrier

FRN	
<input type="text"/>	
Name	Attention
<input type="text"/>	<input type="text"/>
Doing Business As (DBA)	Title
<input type="text"/>	<input type="text"/>
Street Address	Phone
<input type="text"/>	<input type="text"/>
Street Address 2	Fax
<input type="text"/>	<input type="text"/>
City	Email
<input type="text"/>	<input type="text"/>
Contact State	*Relationship
<input type="text"/>	<input type="text" value="-- None --"/>
Zip Code/Postal Code	
<input type="text"/>	
Country	
<input type="text"/>	
Report Information	

*3. Brief Description of Report


4. Indicate the reporting period below.

* 4.a. Reporting Quarter

-- None --

* 4.b. Reporting Year

-- None --

* 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.

AddRemove All

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)
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.

AddRemove All

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
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.

AddRemove All

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

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

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				

Attach File 

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
<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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Required information

FRN	Authorization Holder Legal Entity Type	Relationship	3. Brief Description of Report	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.				10. Does the Applicant request a waiver(s) of the Commission's rules?	
12. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.499 of the Commission's rules?			13. In submitting this form,	First Name	Last Name
				Title	Signature