

\* Indicates required

FCC 214  
ITC-DSC

# FEDERAL COMMUNICATIONS COMMISSION

## Discontinuance of International Section 214 Services

Not Yet Approved by OMB  
3050-0686  
Estimated Time Per Response: 1-2 hours  
Edition Date: May 2025

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### 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

\*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

**Application Fees**

\*10. Will a fee be paid?

Yes  No

\*10.a. If no, indicate reason for fee exemption.

Governmental Entity  Noncommercial Educational License  Other

**Waivers**

\*11. Does the Applicant request a waiver(s) of the Commission's rules?

Yes  No

**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 section(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

| Attachment No.                             | File Name | Description of Attachment | Confidential | Action |
|--------------------------------------------|-----------|---------------------------|--------------|--------|
| No Attached Files                          |           |                           |              |        |
| <input type="button" value="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

\* 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)

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Required information

|                                                                                                                                             |                                      |     |                                                                                                                                                       |                                  |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| FRN                                                                                                                                         | Applicant/Licensee Legal Entity Type | FRN | Relationship                                                                                                                                          | 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).                                           |                                  |                                                                                                                                         |
| 13. If applicable, the Applicant has uploaded an attachment providing the information required by section 63.500 of the Commission's rules. |                                      |     |                                                                                                                                                       |                                  |                                                                                                                                         |
| 15. Is the Applicant requesting confidential treatment of any part of this filing under section 0.499 of the Commission's rules?            |                                      |     | 16. In submitting this form, <input type="text"/> First Name <input type="text"/> Last Name <input type="text"/> Title <input type="text"/> Signature |                                  |                                                                                                                                         |