

* Indicates required

FCC 214
ITC-DSC

FEDERAL COMMUNICATIONS COMMISSION
Discontinuance of International Section 214 Services

Not Yet Approved by OMB
3060-0686
Estimated Time Per Response: 1-2 hours
Edition Date: May 2025

Save as Draft

Review to Submit

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	*Applicant/Licensee 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 Applicant

*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"/>	

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)

☐ Allow Internal Users to View Draft if in Draft State

Save as Draft

Review to Submit

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,		First Name	Last Name	Title	Signature