

\* Indicates required

FCC 225  
RTL-WAV

## FEDERAL COMMUNICATIONS COMMISSION

### Waiver Application for International Route List

(International Service Providers to Identify Direct Termination Arrangements With A Foreign Carrier)

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

Save as Draft

Review to Submit

See Instructions [🔗](#) Print Form [🔗](#)

#### Facilities-Based International Common Carrier Information

#### 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

### Attachment(s)

☐ \*4. The 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

\*5. 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				
<input type="button" value="Attach File"/> 				

### General Certification Statements

☐ \*6. In submitting this form,

• The Applicant certifies that it has submitted all statements and exhibits to support this waiver request.

• 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).)

7. 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 PAIDWILLFUL 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

Required information

FRN

Applicant/Licensee Legal Entity Type

Relationship

3. Brief Application Description

4. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

5. Is the Applicant requesting confidential treatment of an attachment(s) under section 0.459 of the Commission's rules?

6. In submitting this form,

First Name

Last Name

Title

Signature