

* Indicates required

FCC 225
RTL-MODFEDERAL COMMUNICATIONS COMMISSION
FCC Form to Identify Direct Termination Arrangements With A Foreign Carrier
Modification of Route ListNot Yet Approved by OMB
3060-0686
Estimated time per response: 1 hour
Edition Date: May 2025

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

A.1 This is an application for the modification of file number:

RTL-NEW-20250411-00028

☐ *A.2 Applicant must attach a narrative statement describing the changes to the application being made in this modification.Facilities-Based International Common Carrier Information1. Applicant Information

*FRN

0027003144

Name

private private private

Attention

private private private

Doing Business As (DBA)

private

Title

private

Street Address

private

Phone

privateprivate

Street Address 2

private

Fax

private private

City

private

Email

private

State

*Applicant/Carrier Legal Entity Type

Limited Liability Company

Zip Code/Postal Code

private

Country

2. Contact Information☐ Contact Same as Filer or Carrier

FRN

0027003144

Name

private private private

Attention

private private private

Doing Business As (DBA)

private

Title

private

Street Address

private

Phone

privateprivate

Street Address 2

private

Fax

City

private

Email

private

Contact State

*Relationship

	Same
Zip Code/Postal Code	
private	
Country	

Application Information

*3. Brief Application Description

Test

*4. The International Route List is a record not routinely available for public inspection under section 0.457(d)(xi) of the Commission's rules. Does the carrier want to allow its route list to be made available to the public?

☐ Yes ☒ No

*5. Identify each international section 214 authorization held by the carrier.

Add	Remove All	
Actions	(a) AuthID/ICFS File Number	(b) Type of Authorization
	DRAFT-ITC-214-20240806-00002	Test

6. Identify and provide a complete list of any U.S.-international route on which the carrier has an arrangement with a foreign carrier for direct termination in a foreign destination.

See instructions for further information about submitting this information.

Waivers

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

☐ Yes ☒ No

Attachments/Confidential Treatment of Attachments

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

☒ Yes ☐ No

The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) in the Attachments section below.

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

Attach File

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

General Certification Statements

☐ *10. In submitting this form,

• The carrier certifies that it has provided an attachment with any additional information to comply with section 63.22(h) of the Commission's rules.

• The carrier certifies that it will file a modification form (RTL-MOD) within 30 days of any change to this list due to either the addition of routes or the discontinuance of arrangements.

• 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).)

11. 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 35), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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Required information

First Name

Last Name

Title

Signature