



* Indicates required
FCC 220
SCL-RPT

FEDERAL COMMUNICATIONS COMMISSION
FCC Form for
Quarterly Section 1.767(I) Report

Not Yet Approved by OMB
3060-0944
Estimated Time Per Response: 2 hours
Edition Date: May 2025

Save as Draft

Review to Submit

See Instructions  Print Form 

General Information

1. Licensee Information

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

*Petitioner/Licensee Legal Entity Type

-- None --

2. Contact Information

☐ Check here if same as Licensee

FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

Contact State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

*Relationship

-- None --

Report Information

*3. Brief Description

4. Indicate the reporting period below.

*4a. Reporting Quarter

☐ Q1 ☐ Q2 ☐ Q3 ☐ Q4

*4b. Reporting Year

5. Identify the name of the submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report

☐ 5a. Other - The name of the submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report IS NOT available in the dropdown above.

*5.b. Identify the other submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report:

*6. Identify the destination market the Licensee's affiliate is classified as dominant and required to comply with section 1.767(l) of the Commission's rules. ?

See 47 CFR § 1.767(l).



*7. Does the Licensee request confidential treatment for its Quarterly Report(s)?

☒ Yes ☐ No

In an attachment, provide an explanation for the request for confidentiality.

Section 1.767(l) Quarterly Report: Provisioning and Maintenance

8. Provide the Provisioning and Maintenance information in the table below or in an attachment to comply with section 1.767(l)(1) of the Commission's rules. ?

See instructions for further information about submitting this information.

Add

Remove All

Actions	(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facilities and Services Provided	(d) Volume or Quantity Provisioned	(e) Time Interval between Order and Delivery	(f) Number of Outages	(g) Intervals between Fault Report and Facility or Service Restoration
No data to display							

Section 1.767(l)(2) Quarterly Report: Active and Idle or Equivalent Circuits by Facility ?

9. Provide the Active and Idle Circuits by Facility information in the table below or in an attachment to comply with section 1.767(l)(2) of the Commission's rules. ?

See instructions for further information about submitting this information.

Add

Remove All

Actions	(a) Name of Cable System	(b) Dominant Carrier Route	(c) Facility: Terrestrial, Satellite, Submarine Cable	(d) Active Capacity (Gbps)	(e) Idle Capacity (Gbps)	(f) Total Circuits (Gbps)
No data to display						

Waivers

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

☒ Yes ☐ No

If yes, attach the request with a supporting narrative and documentation.

*10.a. Identify the rule section(s) for which a waiver is sought below.

10.b. Attach a statement explaining the waiver request and identifying the rule number(s) involved:

* **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

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				
<div>Attach File </div>				

General Certification Statements

- ☐ *13. In submitting this form,
- The Licensee certifies that it has filed the information required by section 1.767(l) 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.

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 35), 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

Petitioner/Licensee Legal Entity Type

Relationship

3. Brief Description

4a. Reporting Quarter

5.b. Identify the other submarine cable(s) for which you are a licensee and for which you are required to file the quarterly report:

6. Identify the destination market the Licensee's affiliate is classified as dominant and required to comply with section 1.767(l) of the Commission's rules.

10.a. Identify the rule section(s) for which a waiver is sought below.

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

13. In submitting this form,

First Name

Last Name

Title

Signature