

* Indicates required

FCC 230-
TC/ASG

FEDERAL COMMUNICATIONS COMMISSION
Notification of the Transfer of an International Signaling
Point Code

Not Yet Approved by OMB
3060-1028
Estimated time per
response: 1 hour
Edition date: May 2025

Save as Draft

Review to Submit

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

Applicant/Signaling Point Operator/Assignor/Transferor Information

1. Applicant/Transferor

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

<input type="text"/>	
Phone	
<input type="text"/>	
Fax	
<input type="text"/>	
Email	
<input type="text"/>	
Legal Entity Type (Select One)	
Individual	<input type="text"/>

2. Transferor Contact Information

☐ Check here if same as Assignor/Transferor

FRN

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Name

<input type="text"/>

Doing Business As (DBA)

<input type="text"/>

Street Address

<input type="text"/>

Street Address 2

<input type="text"/>

City

<input type="text"/>

State

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Zip Code/Postal Code

<input type="text"/>

Country

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Attention

<input type="text"/>

Title

<input type="text"/>

Phone

Fax	
Email	
Relationship	-- None --

Applicant/Signaling Point Operator/Assignee/Transferee Information

3. Applicant/Transferee

*FRN	
Name	
Doing Business As (DBA)	
Street Address	
Street Address 2	
City	
State	
Zip Code/Postal Code	
Country	
Attention	
Title	
Phone	

Fax

Email

Legal Entity Type (Select One)

Individual	
------------	--

4. Transferee Contact Information

☐ Check here if same as Assignee/Transferee

FRN

--	--

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

--	--

Zip Code/Postal Code

Country

--	--

Attention

Title

Phone

Fax

Email

Relationship

Transaction Information***5. Brief Description Of Transaction**

6. Enter AuthID/ICFS file number of the code/codes that were transferred.

6.a. AuthID(s):**6.b. File Number(s):*****7. Select the type of transfer**

7.a. Explain

8. Select the ISPC(s) associated with the transfer.**9. Is this transfer of ISPC(s) associated with a transfer of control or assignment of an international section 214 authorization or other FCC action?**☐ Yes ☐ No

9.a. If yes, Indicate the file number(s) of the associated international section 214 authorization and transfer of control/assignment application.

10. Does the Transferee hold an international section 214 authorization?**☒ Yes ☐ No10.a. If yes, enter below the ICFS No(s) of the section 214 authorization.**

10.b. If no, please explain the proposed use of the International Signaling Point Code

11. Have the Applicants uploaded an attachment, providing a narrative description of the transfer of the ISPC.**☒ Yes ☐ No12. Provide the consummation date of the transaction.**

Application Fees

* 13. Will a fee be paid?

☒ Yes ☐ No

* 13.a. If yes, select the appropriate fee code for the application.

Fee Amount

\$0

Waivers

* 14. Does this application include a request for a waiver of the Commission's rule(s)?

☒ Yes ☐ No

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

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

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

* 

Attachments

☐ 15. The Applicant(s) has uploaded an attachment updating the information below if the information on file has been changed as a result of the transfer of the ISPC(s).

* 15.a. A statement regarding the nature of the use of the ISPC(s) in the network.

☐ No Change ☐ Yes

* 15.b. A network diagram that shows how the ISPC(s) will be used.

☐ No Change ☐ Yes

* 15.c. A statement regarding the signaling point manufacturer/type.

☐ No Change ☐ Yes

* 15.d. The physical address where the ISPC(s) will be located.

☐ No Change ☐ Yes

* 15.e. Identification of at least one planned Message Transfer Part (MTP) signaling relation

☐ No Change ☐ Yes

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

☐ Yes ☐ N/A

Attachments/Confidential Treatment of Attachments

*17. 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 

General Certification Statements

☐ *18. In submitting this form,

- The Applicant(s) certifies that the ISPC(s) has been in continuous use and will continue to be used in accordance with the conditions of its provisional assignment.
- The Applicant(s) acknowledges that a grant of an ISPC is a provisional assignment and the Applicant does not have a property right in an ISPC(s).
- The Applicant(s) acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.
- The Applicant(s) acknowledges that an ISPC cannot be transferred except in the case of a merger, acquisition, divestiture, or joint venture. The Applicant(s) will notify the Commission of any such action by filing an SPC-TC form within thirty (30) days of the action.
- The Applicant(s) 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(s) certify that all of its statements made in this application and in the attachments or documents incorporated by reference are material, are part of this notification form, and are true, complete, correct, and made in good faith.

Parties Authorized to Sign

19. Applicant/Signaling Point Operator/Assignor/Transferor Signature

First Name

Last Name

MI

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)

20. Applicant/Signaling Point Operator/Assignee/Transferee Signature

First Name

Last Name

MI

Suffix

Title

Signature

Date

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL
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☐ Allow Internal Users to View Draft if in Draft StateSave as DraftReview to Submit

Required information

FRN	FRN	5. Brief Description Of Transaction	6.a. AuthID(s):	6.b. File Number(s):	7. Select the type of transfer
8. Select the ISPC(s) associated with the transfer.					
9. Is this transfer of ISPC(s) associated with a transfer of control or assignment of an international section 214 authorization or other FCC action?					
10.a. If yes, enter below the ICFS No(s) of the section 214 authorization.			12. Provide the consummation date of the transaction.		
13.a. If yes, select the appropriate fee code for the application.			14.a. Identify the rule section(s) for which a waiver is sought below.		
15.a. A statement regarding the nature of the use of the ISPC(s) in the network.			15.b. A network diagram that shows how the ISPC(s) will be used.		
15.c. A statement regarding the signaling point manufacturer/type.			15.d. The physical address where the ISPC(s) will be located.		
15.e. Identification of at least one planned Message Transfer Part (MTP) signaling relation			18. In submitting this form,		