

* Indicates required
FCC 230
SPC-NEW

FEDERAL COMMUNICATIONS COMMISSION
FCC Application for an International Signaling Point Code (ISPC)

Not Yet Approved by OMB
3/5/14-10/25
Estimated Time Per Response: 2 hours
Edition Date: May 2025

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Review to Submit

See Instructions [Print Form](#)

1. Applicant Information

*FRN

Name

Doing Business As (DBA)

Street Address

Street Address 2

City

State

Zip Code/Postal Code

Country

Attention

Title

Phone

Fax

Email

*Applicant/Licensee Legal Entity Type

-- None --

2. Contact Information

☐ Check here if same as Applicant

*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 --

Application Information

*3. Brief Application Description

*4. How many ISPCs is the Applicant requesting?

*5. Enter location(s) where the ISPC(s) will be implemented.

AddRemove All

Actions	1) City	2) State/U.S. Territory	3) Estimated In-service Date
No data to display			

*6. Does the Applicant hold an international section 214 authorization?

☐ Yes☒ No

*6.a. If no, please explain the proposed use of the ISPC(s):

Application Fees

*7. Will a fee be paid?

☒ Yes☐ No

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

Fee Amount

\$0

Waivers

* 8. 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.

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

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

* Attach File

Attachments

* 9. The Applicant has uploaded an attachment containing the information below and described in the filing instructions:

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

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

A statement regarding the signaling point manufacturer/type.

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

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

* 10. 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

* 11. 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				
<div>Attach File</div>				

General Certification Statements

* 12. In submitting this form,

The Applicant certifies that it will implement the ISPC assignment(s) within twelve (12) months of assignment.

The Applicant agrees to notify the Commission of the date the ISPC assignment(s) were implemented by filing a letter in the ICFS file within twelve (12) months after grant of the assignment(s). If the Applicant fails to provide timely notification, the ISPC assignment(s) will be returned to the Commission and made available for reassignment.

The Applicant 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 acknowledges that the Commission may reclaim an assigned ISPC(s) and reassign it.

The Applicant acknowledges that an ISPC cannot be transferred except in the case of a merger, acquisition, divestiture, or joint venture. The Applicant will notify the Commission of any such action by filing an SPC-TC form within thirty (30) days of the action.

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.

13. 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)

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Review to Submit

Required information

FRN

Applicant/Licensee Legal Entity Type

Relationship

3. Brief Application Description

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6.a. If no, please explain the proposed use of the ISPC(s).

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

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

9. The Applicant has uploaded an attachment containing the information below and described in the filing instructions.

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

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

12. In submitting this form,

First Name

Last Name

Title

Signature

https://fccuat.servicenowservices.com/ibfs?id=app&subsystem=SPC&type=NEW

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