

* Indicates required
FCC 245
DNC-NEW

FEDERAL COMMUNICATIONS COMMISSION

FCC Application for Data Network Identification Code

Approved by OMB
3060-1029
Estimated Time Per Response: 2 hours
Date: May 2025

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

1. Applicant Information

| | |
|--|---|
| *FRN <input type="text"/> | |
| Name <input type="text"/> | Attention <input type="text"/> |
| Doing Business As (DBA) <input type="text"/> | Title <input type="text"/> |
| Street Address <input type="text"/> | Phone <input type="text"/> |
| Street Address 2 <input type="text"/> | Fax <input type="text"/> |
| City <input type="text"/> | Email <input type="text"/> |
| State <input type="text"/> | *Applicant/Licensee Legal Entity Type <input type="text" value="-- None --"/> |
| Zip Code/Postal Code <input type="text"/> | |
| Country <input type="text"/> | |

2. Contact Information

Check here if same as Applicant

| | |
|--|---|
| FRN <input type="text"/> | |
| Name <input type="text"/> | Attention <input type="text"/> |
| Doing Business As (DBA) <input type="text"/> | Title <input type="text"/> |
| Street Address <input type="text"/> | Phone <input type="text"/> |
| Street Address 2 <input type="text"/> | Fax <input type="text"/> |
| City <input type="text"/> | Email <input type="text"/> |
| Contact State <input type="text"/> | *Relationship <input type="text" value="-- None --"/> |
| Zip Code/Postal Code <input type="text"/> | |
| Country <input type="text"/> | |

Application Information

*3. Brief Application Description

*4. Identify the Type of Request

- New application for a DNIC Request to reassign a DNIC

4.a. Describe the reassignment

*4.a.1. Reason

*4.a.2. From Company

*4.a.3. To Company

*4.a.4. From Code

*4.a.5. To Code

*5. Identify the Network Name

*6. Describe the International Service

Application Fees

*7. Will a fee be paid?

- Yes No

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

Fee Amount

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:

*

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

- Yes No

Attachments

*10. The Applicant has uploaded the information below as described in the filing instructions:

- Network diagram that shows the international nature of the network.
- Description of the service(s)/application(s) for which the DNIC will be used (e.g., Voice, SMS text messaging, or other applications).
- Information showing that the Applicant's network has the capability to efficiently interconnect with existing public data networks and the network also provides a capability for routing transit traffic.
- A statement explaining how allocation of the code is necessary because alternative technical scenarios will not be sufficient.

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 | | | | |

General Certification Statements

*12. In submitting this form,

- The Applicant acknowledges that the DNC assignment(s) must be implemented within 12 months and certifies that it will notify the Commission of the date the DNC assignment(s) were implemented by filing a letter in the ICFS file within 12 months after grant of the assignment(s). If the Applicant fails to provide timely notification, the Applicant acknowledges that the DNC assignment(s) will be returned to the Commission and made available for reassignment.
- The Applicant acknowledges that all DNC assignments are provisional and that it does not have a property right in a DNC.
- The Applicant acknowledges that the Commission may reclaim an assigned DNC and reassign it.
- The Applicant certifies that all necessary local, state, and federal authorizations needed have been obtained.
- 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 |
| <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 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

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Required information

| | | | | | | | | | |
|---|--------------------------------------|---|----------------------------------|---|---------------------|-------------------|------------------------------|----------------|------------------------------|
| FRN | Applicant/Licensee Legal Entity Type | Relationship | 3. Brief Application Description | 4.a.1. Reason | 4.a.2. From Company | 4.a.3. To Company | 4.a.4. From Code | 4.a.5. To Code | 5. Identify the Network Name |
| 6. Describe the International Service | | 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. | | | | | |
| 10. The Applicant has uploaded the information below as described in the filing instructions: | | | | 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 | | | | | | |