# DATA NETWORK IDENTIFICATION CODE FILING FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

## Enter a description of this application to identify it on the main menu:

### Santa monica

1. Applicant			
Nam	: NIELLO BMW	Phone Number:	2128418000
DBA Name:		Fax Number:	916-856-4416
Stree	2020 Fulton Ave	E–Mail:	itsms546@gmail.com

City: Sacramento State: CA

**Country:** USA **Zipcode:** 95825 -9582

**Attention:** Aaron vimont

2. Contact							
Nar	ne:	Juan Para	Phone Number:		2128418000		
Cor	npany:	UMG	Fax Number:				
Stre	eet:	2220 Colorado ave	E–Mail:	:	Itsusa3@gmail.com		
City	y <b>:</b>	Santa Monica	State:		CA		
Cou	intry:	USA	Zipcode:		90404 –		
Atte	Attention: Relati		Relation	nship:	Legal Counsel		
3. Type Request  New Reassign  Note: Please submit any needed attachments for the given request type:  Attachment 1: 705088  Attachment 2:  Attachment 3:			juest	4. Reassign Reason: From Company: To Company: From Code:	To Code:		
5. Network Name AVAYA HOLDINGS							

6. International Service ITU		
7. Action Requested (If the complete description does not appear in this box, please go to the end of the form  Fleet order	to view it ir	n its entirety.)
8. Code assignments held in excess of 18 months without implementation must be returned to this Administrator for reassignment. Unless this office is specifically notified of the actual implementation of assignments, it will be assumed that those implementations did not occur and such assignments will be available for reassignment. I have read and understand these conditions.	<b>⊚</b> Yes	O No
9. I am aware that all DNIC assignments are provisional and that nobody has a property right in a DNIC. I am aware that the Commision may take an assigned DNIC and reassign it to another person.	<b>⊚</b> Yes	O No
10. I certify that all necessary local, state, and federal authorizations needed have been obtained.	Yes	O No

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