

DATA NETWORK IDENTIFICATION CODE FILING
FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

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

ISM

1. Applicant			
Name:	Michelle Grace	Phone Number:	5555555555
DBA Name:		Fax Number:	
Street:	3228 Riverside Blvd	E-Mail:	Gr123go@outlook.com
City:	Sacramento	State:	CA
Country:	USA	Zipcode:	95818 -
Attention:	Abraham Lincoln		

2. Contact

Name:	DEBORAH REID	Phone Number:	5555555555
Company:		Fax Number:	
Street:	3228 Riverside Blvd	E-Mail:	Gr123go@outlook.com
City:	Sacramento	State:	CA
Country:	USA	Zipcode:	95818 -
Attention:		Relationship:	

3. Type Request

New Reassign

Note: Please submit any needed attachments for the given request type:

Attachment 1:
Attachment 2:
Attachment 3:

4. Reassign

Reason:
From Company:
To Company:
From Code: 5878 **To Code:** 0000

5. Network Name GPO

6. International Service SERIES PRINT

7. Action Requested (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)

HFA REIMBURSEMENT

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. Yes 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 Commission may take an assigned DNIC and reassign it to another person. Yes No

10. I certify that all necessary local, state, and federal authorizations needed have been obtained. Yes No

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(U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION
(U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

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