

## **INTERNATIONAL MOBILE STATION IDENTITY (IMSI) APPLICATION AND RELATED FORMS PACKAGE**

The forms in this package are used for communication between the IMSI administrator and applicants for and assignees of these resources. Forms included in this package are:

**Form A – Home Network Identity (HNI) Application**

Applicants complete, sign, and return this form to apply for an HNI.

**Form B – Home Network Identity (HNI) Application Disposition**

The administrator uses this form to notify the applicant of the outcome of his/her application, which may be a code assignment, denial, or a request for additional clarifying information.

**Form C – Home Network Identity (HNI) Deployment**

The recipient of an HNI assignment uses this form to notify the administrator that the assigned code has been deployed.

**Form D – Request for Change in Home Network Identity (HNI) Assignment Information**

HNI assignees use this form to notify the administrator of a change in any of the assignment information; for example, a change in the name, address, or phone number of the contact person in the company holding the HNI. As a more complex example, this form should also be used to record the transfer of an HNI to a new company, as might happen as a result of a merger or acquisition.

**Form E – Confirmation of Change of Home Network Identity (HNI) Assignment Information**

The administrator uses this form to acknowledge a change initiated by a HNI assignee through submission of Form D.

**Form F – Home Network Identity (HNI) Assignment Return**

HNI assignees use this form to return to the pool any HNIs which are no longer required.

Return completed forms to the

IMSI Administrator  
Telcordia Technologies, Inc., dba iconectiv  
440 Hoes Lane, Rm. 1G-305  
Piscataway, NJ 08854  
Phone: 732-699-3247 Fax: 732-336-6999

**FORM A – HOME NETWORK IDENTITY (HNI) APPLICATION**

Entity requesting assignment: .....

General description of the service to be provided, including area of service, and whether GSM-based or ANSI-41 CDMA-based, requiring the issuance of an MNC in the format XXO:

.....  
.....  
.....  
.....  
.....

\*Wireless license number: ..... Date of issuance: .....

**\*ATTACH COPY OF LICENSE**

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Is this request associated with a request for multiple mobile network codes (MNCs), per Section 8.4.3?

YES       NO

If YES, please list the other wireless licenses associated with this request

.....  
.....

Do special considerations apply, per section 8.4.2 or an addendum?

YES       NO

If YES, please specify the special consideration needed

.....

**FORM A – HOME NETWORK IDENTITY (HNI) APPLICATION  
(CONTINUED)**

Contact name: .....

Company: .....

Address: .....

Room: .....

City, State, ZIP: .....

Phone: ..... Fax: ..... E-mail: .....

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Signature below indicates that the applicant:

- Certifies the accuracy of the information provided in this application,
- Commits to deploy any assigned HNI(s) within the time period specified by the assignment guidelines (Section 5.10),
- Certifies that the service to be provided with the HNI is public two-way CMRS,
- Certifies that any required authorization has been secured from the appropriate federal, state, or local regulatory bodies, and
- Understands and agrees that the use of any assigned HNI(s) in a manner other than in conformance with the assignment guidelines may result in forfeiture.

Authorized name: .....

Authorized signature: .....

Date of application: .....

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**FORM A – HOME NETWORK IDENTITY (HNI) APPLICATION  
(CONTINUED)**

There is a non-refundable application fee for each HNI requested. Payment of the (\$150 US) non-refundable application fee is:

- by enclosed check or
- by credit card (mark one):
  - MasterCard
  - Visa
  - American Express

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature of card holder \_\_\_\_\_

Printed name of card holder \_\_\_\_\_

Dated: \_\_\_\_\_

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**FORM B – HOME NETWORK IDENTITY (HNI) APPLICATION DISPOSITION**

Your application filed ..... for wireless license # ..... issued  
..... for assignment of an HNI has been reviewed by the administrator. The box  
checked below indicates the action taken:

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Your application has been approved. The HNI assigned for your use is:

.....

The assignment is effective as of: .....

The information recorded for this assignment is shown below. Please notify the  
administrator immediately of any errors in or changes to this information.

*(Display computer generated assignment information here.)*

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Your application has been denied for the following reason(s):

.....

.....

.....

You are entitled to appeal this denial as specified in Section 13 of the assignment  
guidelines.

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The following additional information is needed to process your application:

.....

.....

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Authorized name: .....

Authorized signature: .....

Date: .....

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**FORM C – HOME NETWORK IDENTITY (HNI) DEPLOYMENT FORM**

By submitting this form, I certify that

HNI: .....

Assigned to: .....

Is deployed effective (date): .....

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Authorized name: .....

Authorized signature: .....

Date of this notification: .....

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**FORM D – REQUEST FOR CHANGE IN HOME NETWORK IDENTITY (HNI)  
ASSIGNMENT INFORMATION**

Effective (date): .....

The assignment information for HNI: ..... should be changed. The changes  
are described below:

Authorized name: .....

Authorized signature: .....

Date of this notification: .....

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**FORM E – CONFIRMATION OF CHANGE IN HOME  
NETWORK IDENTITY (HNI) ASSIGNMENT INFORMATION**

Your request dated \_\_\_\_\_ for change(s) to the assignment information for HNI  
\_\_\_\_\_ has been processed by the administrator and the changes have been made.  
Please verify the revised assignment information below and report any errors or discrepancies to  
the administrator.

*(Display computer generated assignment information here.)*

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Authorized name: .....

Authorized signature: .....

Date of this notification: .....

Report discrepancies to the IMSI Administrator:

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**FORM F – HOME NETWORK IDENTITY (HNI) ASSIGNMENT RETURN**

HNI: .....

Currently held by: .....

is no longer required effective (date) .....

and may be returned to the pool for assignment to another entity.

The HNI has \_\_\_\_\_ has not \_\_\_\_\_ been deployed. (Please check one.)

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Authorized name: .....

Authorized signature: .....

Date of this notification: .....

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