

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
100 Somerset Corporate Blvd., Room 6E-603E
Bridgewater, NJ 08807
Phone: +1 866-672-6997 Email: IMSIadmin@iconectiv.com

FORM A – HOME NETWORK IDENTITY (HNI) APPLICATION

Entity requesting assignment¹:

Indicate with an X the type of entity requesting the HNI:

Public Network Operator (commercial or government, or its authorized agent) offering mobility services in the U.S. with a need to roam onto/from commercial networks or,

Provider of a service profile management system (e.g., HLR, Home AAA) based in the U.S. for end user devices that can access public networks in the U.S.

Indicate the radio interface protocol used by the network equipment or end user devices (may choose more than one):

- GPRS
- EDGE
- W-CDMA
- HSPA
- 1xRTT
- HRPD/EVDO
- LTE/LTE Advances

Provide Evidence of authorization, if required, from the appropriate federal, state or local authority:

*Wireless license number: Date of issuance:

*Either Fax or email a copy of the license to the IMSI-A

If applicant determines that no authorization is required state reason:

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

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

.....

¹ This is the name of the entity providing network or service profile management service using the HNI.

International Mobile Subscriber Identity (IMSI) Assignment and Management Guidelines and Procedures

.....

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:

Signature below or submission of applications via the IMSI Admin website 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 for a public network that need to roam onto/from commercial public networks or for a service profile management system based in the U.S. for end user devices in the U.S. that can access such public network in the U.S ,
- Certifies that any required authorization has been secured from the appropriate federal, state, or local regulatory bodies, or that such authorization is not required,
- Acknowledges that it must remit an annual maintenance fee per the IMSI Assignment Guidelines and IMSI Oversight Council Operating Procedures.
- 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 reclamation of the HNI(s).

Authorized name:

Authorized signature:

Date of application:

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

There is a non-refundable application fee for each HNI requested. Payment of the (\$325 US) non-refundable application fee is:

by enclosed check or

by credit card – If this option is selected, the iconectiv TRA Customer Care Center will contact you to obtain payment information.

Return completed application forms to the IMSI Administrator:

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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:

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.)

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.

The following additional information is needed to process your application:

.....
.....

Authorized name:

Authorized signature:

Date:

FORM C – HOME NETWORK IDENTITY (HNI) DEPLOYMENT FORM

By submitting this form, I certify that

HNI:

Assigned to:

Is deployed effective (date):

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 HNIhas 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.)

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.)

Authorized name:

Authorized signature:

Date of this notification:

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