

IMSI BLOCK NUMBER (IBN) ASSIGNMENT FOR A SHARED HNI APPLICATION AND RELATED FORMS PACKAGE

IMSI Block Number (IBN) Assignment for a Shared HNI Forms

The forms in this package are used for communication between the IMSI Administrator (IMSI-A) and applicants for and assignees of these resources. All forms for submittal to the IMSI-A must be completed online at [IMSIadmin.com/forms](https://imsiadmin.com/forms). The forms included in this package are:

Form G – Application for an IBN Assignment for a Shared HNI

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

Form H – Disposition of an IBN Assignment for a Shared HNI Application

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

Form I – Deployment Confirmation for an IBN Assignment for a Shared HNI

The recipient of an IBN assignment uses this form to notify the IMSI-A that the allocated code has been deployed and received SAS Authorization. The IMSI-A will use this form to formally assign the IBN.

Form J – Request for Change in Information for an IBN Assignment for a Shared HNI

Assignees use this form to notify the IMSI-A 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 IBN. As a more complex example, this form should also be used to record the transfer of a code to a new company, as might happen as a result of a merger or acquisition.

Form K – Confirmation of Change in Information for an IBN Assignment for a Shared HNI

The IMSI-A uses this form to acknowledge a change initiated by an assignee through submission of Form J.

Form L – Return of an IBN for a Shared HNI

Assignees use this form to return to the pool an IBN that is no longer required.

Questions can be directed to:

IMSI Administrator
ATIS
1200 G Street, NW Suite 500
Washington, DC 20005
Phone: +1 202-662-2540 Email: imsi_admin@atis.org

Form G – Application for an IBN Assignment for a Shared HNI

This form is used to apply for an IBN.

Entity requesting assignment:

Note: This should be the same name as the legal entity registering radio equipment with a Spectrum Access System (SAS).

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

- LTE
- 5G
- Other:

Authorized Individual:

Position:

Today's date:

Estimated Service Date:

Evidence of Authorization: This form provides evidence of intent of the applicant to provide service. (i.e., GAA - Contract with a SAS Administrator – first and last page; PAL FCC License)

PAL FCC License Number

Upload:

Note: If information is under Non-Disclosure Agreement (NDA), please ensure that the uploaded documentation is marked as Confidential and the IMSI-A will treat the documentation accordingly.

Add any special considerations if applicable, per section 9.4.2 or an addendum

Contact for Application

Contact Name:

Company:

Address:

City:

State:

Zip Code:

Country:

Phone:

Email:

Annual Billing Contact

Provide complete annual code holder billing contact information

Contact Name:

Company Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

By submission of this application via the IMSI Admin website, the applicant:

- Certifies the accuracy of the information provided in this application.
- Commits to deploy any assigned IBN with the Shared CBRS HNI within the time period specified by the assignment guidelines.
- Certifies that the service to be provided adheres to the Assignment Principles (per Section 6 of this document).
- 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 code holder fee per the IMSI Assignment and Management Guidelines for Shared HNIs for CBRS Range.
- Understands and agrees that the use of any assigned IMSIs in a manner other than in conformance with the assignment guidelines may result in reclamation of the code(s).
- Understands and agrees that the use of any assigned IBN(s) in a manner other than in conformance with the assignment guidelines may result in reclamation of the IBN(s) A non-refundable application fee is required for each application processed.
- Certifies that it is authorized to provide services in the CBRS range utilizing Radio Technologies as noted above.

FORM H – DISPOSITION OF AN IBN ASSIGNMENT FOR A SHARED HNI APPLICATION

This form is used to notify the applicant of the outcome of his/her application.

Your application filed on [DATE] for assignment of an IBN has been reviewed by the IMSI Administrator.

OPTION 1: Your application has been approved. The Shared HNI Code and IMSI Block Number (IBN) initially allocated for your use is: [NUMBER]

The initial allocation is effective as of: [DATE]

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

(Display computer generated assignment information here.)

Please note that assigned IBNs should be deployed as soon as possible, but no later than fifteen (15) months after assignment. If the assignee can demonstrate that an assigned IBN has not been deployed solely due to delays beyond its control, the time period may at the discretion of the IMSI-A be extended for up to 90 days.

OPTION 2: Your application has been denied for the following reason(s): [REASON FOR DENIAL]

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

OPTION 3: The following additional information is needed to process your application:
[INFORMATION NEEDED]

IMSI Administrator Contact name:

Date:

Form I – DEPLOYMENT CONFIRMATION FOR IBN ASSIGNMENT FOR SHARED HNI

This form is used to notify the IMSI-A that the allocated code has been deployed and received SAS Authorization.

IMSI Block Number(s):

Company Assigned to:

Effective deployment Date (mm/dd/yyyy): [should only allow dates in the past]

Provide the following contact information:

SAS Administrator:

Address:

Phone:

Email:

Annual Billing Contact Information

Provide complete billing contact information for annual code holder fee:

Contact Name:

Company:

Address:

City:

State:

Zip Code:

Country:

Phone:

Email:

By submission of this form via the IMSI Admin website, the submitter certifies the accuracy of the information provided.

Form J – MODIFICATION OF IBN ASSIGNMENT FOR A SHARED HNI

This form is used to notify the IMSI-A of a change in any of the assignment information. This form should also be used to record the transfer of a code to a new company, as might happen as a result of a merger or acquisition.

IBN (may enter one or more):

Effective Date (mm/dd/yyyy):

Changes: (please thoroughly describe the requested changes)

Company:

Contact Name:

Phone Number:

Email:

Annual Billing Contact Information

Provide complete billing contact information for annual code holder fee:

Contact Name:

Company:

Address:

City:

State:

Zip Code:

Country:

Phone:

Email:

By submission of this form via the IMSI Admin website, the submitter certifies the accuracy of the information provided.

FORM K – CONFIRMATION OF CHANGE IN IBN ASSIGNMENT FOR A SHARED HNI

This form is used to acknowledge a change initiated by an assignee through submission of Form J.

Your request dated [DATE] for change(s) to the assignment information for IBN [NUMBER] has been processed by the IMSI administrator and the changes have been made. Please verify the revised assignment information below and report any errors or discrepancies to the administrator.

IMSI Administrator Contact name:

Date:

FORM L – IBN FOR SHARED HNI RETURN

This form is used to return to the pool an IBN that is no longer required.

IBN (may enter one or more):

Company IBN is currently held by:

Effective Return Date (mm/dd/yyyy):

The IBN was previously deployed:

- Yes
 No

Contact Name:

Phone Number:

Email:

Date:

NOTE: This code enables mobile terminals/users to roam among domestic and international networks and provides for the exchange of subscription and billing information for the visiting mobile station. **Without this code, your company's mobile users may be unable to roam out of their service territory or on another carrier's network.** Once returned, the number may not be available for reassignment and the process will need to be reinitiated with Form G—the Application form--and the conditions set under that form.

By submission of this form via the IMSI Admin website, the submitter:

- Certifies the accuracy of the information provided
- Understands that once returned, the IBN number may not be available for reassignment and the process will need to be reinitiated with a new application form.