

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 should be completed online at 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.

Return completed forms to:

IMSI Administrator
iconectiv, LLC
100 Somerset Corporate Blvd., Room 6E-603C
Bridgewater, NJ 08807
Phone: +1 732-733-6914 Email: IMSIadmin@iconectiv.com

FORM G – APPLICATION FOR AN IBN ASSIGNMENT FOR A SHARED HNI

Entity requesting assignment:

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

Confirm with an X the type of entity requesting the IBN:

Commercial or authorized agent offering services in the U.S. in the spectrum allocated to CBRS

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

LTE/LTE Advanced

5G

Other: _____

Evidence of Intent to Provide Service -

This form provides evidence of intent of the applicant to provide service. One or more of sections A or B must be completed.

A. Statement of Intent (GAA)

I, the undersigned, certify that I am authorized to certify that _____ (name of applicant) is intending to provide services in the CBRS range utilizing Radio Technologies as noted above.

Authorized Individual _____
Position _____
Signature _____
Date _____
Estimated service date _____
Contract with a SAS _____
Administrator (Y/N) _____

Note: Provide your SAS Administrator documentation as an attachment. If information is under Non-Disclosure Agreement (NDA), please mark documentation as Confidential and the IMSI-A will treat the documentation accordingly.

B. Statement of Intent (PAL)

I, the undersigned, certify that I am authorized to certify that _____ (name of applicant) is intending to provide services in the CBRS range utilizing Radio Technologies as noted above.

Authorized Individual _____
Position _____
Signature _____
Date _____
Estimated service date _____
PAL FCC License Number _____

International Mobile Subscriber Identity
(IMSI) Assignment and Management Guidelines for
Shared HNI for CBRS Range

*Include a copy of the agreement to the IMSI-A

If applicant determines that no authorization is required state reason:

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

Do special considerations apply?

YES NO

If YES, please specify the special consideration needed

.....

**FORM G – APPLICATION FOR AN IBN ASSIGNMENT FOR A SHARED HNI
(CONTINUED)**

Contact name:

Company:

Address:

Room:

City, State, ZIP:

Phone: 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 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 maintenance 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).

Authorized name:

Authorized signature:

Date of application:

**FORM G – APPLICATION FOR AN IBN ASSIGNMENT FOR A SHARED HNI
(CONTINUED)**

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

Provide complete annual maintenance billing contact information:

Company Name:

Contact Name:

Street Address:

City, State, ZIP:

Phone: E-mail:

Return completed application forms to:

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iconectiv, LLC
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Bridgewater, NJ 08807
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FORM H – DISPOSITION OF AN IBN ASSIGNMENT FOR A SHARED HNI APPLICATION

Your application filed on..... for assignment of an IBN has been reviewed by the IMSI Administrator. The box checked below indicates the action taken:

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

.....

The initial allocation is effective as of:

.....

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.)

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 I – DEPLOYMENT CONFIRMATION FOR AN IBN ASSIGNMENT FOR A SHARED HNI

By submitting this form, I certify that

IMSI Block Number(s):
.....

Assigned to:

Is deployed effective (date):

SAS Authorization: Provide verification of SAS Registration as an attachment

SAS Administrator:.....

SAS Administrator Contact

Address:

Phone:

Email:.....

Description of attachment:

Authorized name:

Authorized signature:

Date of this notification:

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**FORM J – REQUEST FOR CHANGE IN INFORMATION FOR AN IBN ASSIGNMENT FOR A SHARED
HNI**

Effective (date):

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

Authorized name:

Authorized signature:

Date of this notification:

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

Your request dated for change(s) to the assignment information for IBN
.....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 IMSI Administrator.

(Display computer generated assignment information here.)

Authorized name:

Authorized signature:

Date of this notification:

Report discrepancies to:

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iconectiv, LLC
100 Somerset Corporate Blvd., Room 6E-603C
Bridgewater, NJ 08807
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FORM L – RETURN OF AN IBN FOR A SHARED HNI

IBN:

Currently held by:

is no longer required effective (date)

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

The IBN has ____ has not ____ been deployed. (Please check one.)

Authorized name:

Authorized signature:

Date of this notification:

Return completed forms to:

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