



Application form for NSPC¹ allocation

Name of Company:

.....

Company's physical address:

.....
.....

Postal address:

.....

Name of Contact Person

.....

Telephone number

.....

Facsimile number

.....

Email address

.....

Physical address of the signalling point:

.....
.....

Signalling point Manufacturer/Type;

.....
.....

Unique name of the Signalling Point:

¹ National Signalling Point Code

.....
Nature of use of the signalling point in the network:

- STP – Signalling Transfer Point
 - SEP – Signalling End Point
 - SCCP relay – signalling Connection Control Part
 - GMSC – Gateway Mobile Switching Centre
 - LR – Location Register
 - OMC – Operation and Maintenance Centre
 - SCP – Service Control Point
 - SSP – Service Switching Part
 - Other (Specify)
-
.....

.....
In-service date of the signalling point (month/year);

.....
Identification of at least one planned MTP signalling relation:

- **Name and address of distant signalling point,**
-
.....

- **Location of distant signalling point,**
-
.....

- **ISPC of distant signalling point, if known**
-
.....

I certify my conformance to UCC guidelines and that the information provided in this application is true and correct.

Signature of authorised person

Name

Position

Date



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Nature of use of the signalling point in the network:²

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Other (specify)

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Signalling Point Manufacturer/Type :

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Name of the Signalling Point:

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Physical address of Signalling Point:

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Date in-service of the signalling point:

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I certify my conformance to UCC Guidelines and that the information provided in this application is true and correct.

Signature of authorised person

Name

Position

Date