

FEDERAL COMMUNICATIONS COMMISSION
COMMISSION REGISTRATION SYSTEM (CORES)
CORES REGISTRATION FORM

FCC USE ONLY
#

1. Entity Type

2. Business Entity Type (if applicable)

3. Business Entity Name

3a. Salutation

First Name

Middle Initial

Last Name

Suffix

4. Doing Business as or Trading as

5. Taxpayer Identification Number (9 digits)

6. Taxpayer Identification Number
Exception Reason

7. Contact Representative Organization/Company

8. Contact Representative Position/Title

9. Contact Representative First Name

Middle Initial

Last Name

10. Contact Representative Address

11. Address

12. Address

13. Address

14. P.O. Box

15. City

16. State

17. ZIP Code

18. Country

19. Contact Representative
Telephone Number

20. FAX

21. Contact Representative E-Mail

ADVICE REFERENCE GUIDE HOW TO USE FCC FORM 160-(CORES) REGISTRATION FORM

The FCC Form 160, ("CORES Registration Form") is a form that must be completed to obtain a FCC Registration Number (FRN). The FCC Registration Number will be assigned by the Commission Registration System (CORES) and is required for anyone doing business with the Commission (feeable and non-feeable). The information on this form is collected to ensure you receive any refunds due, to service public inquiries, and to comply with the Debt Collection Improvement Act of 1996.

The FRN can be obtained electronically through the FCC webpage (www.fcc.gov).

Instructions for Completing FCC Form 160

NOTE: All required blocks must be completed or it may result in a delay in processing or the return of your application.

(1) **Enter the Entity Type from the codes below:**

- 01 - Individual
- 02 - Private Sector
- 03 - Federal
- 04 - State
- 05 - Local
- 06 - Foreign

(2) **Enter Business Entity Type: If you select (02) Private Sector in Number (1) above complete this box.**

- | | | | |
|------------------|--------------------|-------------------------------------|------------------|
| 01 - Corporation | 02 - University | 03 - Partnership | 04 - LLC |
| 05 - Attorney | 06 - Joint Venture | 07 - Trust | 08 - Association |
| 09 - Consortium | 10 - Amateur Club | 11 - Non-Profit/Exempt Organization | |

(3) **Business Entity Name** - Enter the entity name or company used commercially. (Only for business)

(3)(a) **Entity Name** - Enter the name of the person. Enter the salutation, first name, middle initial, last name and suffix. (Only for individual)

(4) **Doing Business As/Trading As (optional):** Enter Doing Business As or Trading As name. (Only if individual)

(5) **Taxpayer Identification Number:** Enter the entity's nine-digit Taxpayer Identification Number (TIN). The Taxpayer Identification Number will either be an Employer Identification Number (EIN) or Social Security Number (SSN) of the payer as reported to the Internal Revenue Service. If you **do not** have a (TIN) complete Block 6.

(6) **Enter Taxpayer Identification Number exception reason:**

- 01 (TIN) Applied For
- 02 Foreign
- 03 Petitioner
- 04 Exempt Activities
- 05 Amateur Club

(7) **Contact Representative Organization/Company (optional)** - Enter the name of the contact representative organization or company.

(8) **Contact Representative Position/Title** - Enter the contact representative title.

(9) **Contact Representative Name** - Enter the name of the contact representative. Enter the first name, middle initial and last name.

(10) **Address** - The street address to which correspondence should be sent.

(11) **Address (optional)** - This line may be used if further identification of the address is required.

(12) **Address (optional)** - This line may be used for an address outside the United States of America.

(13) **Address (optional)** - This line may be used for an address outside the United States of America.

(14) **P. O. Box (optional)** - Enter the post office box number to which correspondence should be sent if required. (Domestic address only)

(15) **City** - The name of the city associated with the street address given in (10). (Domestic address only)

(16) **State** - If the contact representative has a United States mailing address enter the appropriate two-digit state abbreviation as prescribed by the U.S. Post Office. If the contact representative has a mailing address outside the United States, leave this section blank.

(17) **ZIP Code** - Enter the appropriate five or nine-digit ZIP code prescribed by the U.S. Post Office. If address is foreign, enter the appropriate ZIP (postal) code. (Domestic address only)

(18) **Country** - If the contact representative has a mailing address outside the United States enter the appropriate country.

(19) **Contact Representative Daytime Telephone Number (optional)** - Enter the contact representative's ten-digit daytime telephone number, including area code. For foreign telephone numbers include the appropriate country dialing access code, as if you were calling from the United States. This daytime number should be the number where you can be reached during normal business hours.

(20) **Contact Representative Fax Number (optional)** - Enter the contact representative's ten-digit fax number, including area code. For foreign fax numbers include the appropriate country dialing access code, as if you were calling from the United States.

(21) **Contact Representative E-mail Address (optional)** - Enter the contact representative's e-mail address.

Send completed forms to:

FCC

Attention: CORES Administrator

Room: CY-C140

445 12th St, SW

Washington, DC 20554

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1995

The solicitation of the personal information requested in this form is authorized by the Communications Act, Sections 8 & 9, and the Debt Collection Improvement Act of 1996. P.L. 104-134. This form will be used primarily to capture information to maintain required accounts receivable, and collect fines and debts due the Commission. As part of the Debt Collection Improvement Act, agencies are authorized to refer specific Taxpayers Identification information which includes Employers Identification Numbers and Social Security Numbers to the Department of Treasury for further investigation and possible enforcement of a statute, rule, regulation or order. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party to a proceeding before the body or has an interest in the proceeding. If information requested on the form is not provided, processing of the application/filing may be delayed or returned without action pursuant to Commission rules.

If you owe a past due debt to the Federal Government, the Taxpayer Identification Number (such as your Social Security Number) and other information you provide may also be disclosed to the Department of the Treasury, Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

We have estimated that each response to this collection of information will take, on average, 15 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually review and complete the form. If you have any comments on this estimate, or on how we can improve the collection of this data to reduce the burden it causes you, please write the Federal Communication Commission, AMD-PERF, Washington, DC 20554, Paperwork Reduction Project (3060-0917). We will also accept your comments via the Internet if you send them to jboley@fcc.gov. Please **DO NOT SEND COMPLETED APPLICATION FORMS TO THIS ADDRESS.**

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0917.

This notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974, 5 U.S.C. Section 552a(e) (3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.