

# **INTERNATIONAL MOBILE SUBSCRIBER IDENTITY (IMSI) APPLICATION AND RELATED FORMS PACKAGE**

## **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. 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 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 an 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.

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](mailto:imsi_admin@atis.org)

## Form A – HNI APPLICATION

**This form is used to apply for an HNI.**

**Entity requesting assignment:**

**Select the type of entity requesting the HNI (select one)**

- ☐ **Network Operator** (commercial or government, or its authorized agent operating as a Mobile Virtual Network Operator (MVNO)) 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 Advanced
- ☐ 5G

**Provide Evidence of authorization (i.e., FCC wireless license, agreement with service provider  
(if MVNO))**

**Wireless license number**

**Date of Issuance**

Upload:

**The applicant must certify that the HNI will be used for mobile applications, and the service provided will have at least two of the following characteristics (check two):**

- ☐ **Access to a service profile management system** – Service profile management is the ability to access and manipulate a service profile. The user, the subscriber or the provider can perform service profile management.

- ☐ **Terminal Mobility** – The ability of a terminal to access telecommunication services from different locations and while in motion, and the capability of the network to identify and locate that terminal.
- ☐ **Personal Mobility** – The ability of a user to access telecommunications services at any terminal on the basis of a personal identifier, and the capability of the network to provide those services according to the user’s profile. Personal mobility involves the network capability to locate the terminal associated with the user for the purpose of routing.

**Add any special considerations if applicable, per section 8.4.2 or an addendum.**

**Contact Information for Application**

Contact Name:

Contact Title:

Company:

Address:

City:

State:

Zip Code:

Country:

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 application via the IMSI Admin website, 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 network that needs 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,
- ☐ Acknowledges that an annual code holder fee must be remitted 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).
- ☐ Understands that a non-refundable application fee is required for each application processed.

Your application will be processed within 10 business days of receipt of payment.

**Form B –HNI APPLICATION DISPOSITION**

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

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

OPTION 1: Your application has been approved. The HNI assigned for your use is: [HNI NUMBER]

The assignment is effective as of: [DATE].

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.)*

Please note that assigned HNIs should be deployed as soon as possible, but no later than twelve (12) months after assignment. If the assignee can demonstrate that an assigned HNI 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. At the discretion of the IOC, one additional 90-day extension may be granted.

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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 12 of the assignment guidelines.

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

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**IMSI Administrator Contact name:**

**Date:**

**Form C – HNI DEPLOYMENT**

**This form is used to notify the administrator that the assigned code has been deployed.**

**HNI (may enter one or more):**

**Company:**

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

**Annual Billing Contact**

***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
- Commits to informing the IMSI-A via form x should use of this HNI discontinue

**Form D – MODIFICATION OF HNI INFORMATION**

**This form is used to notify the administrator of a change in any of the assignment information. 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.**

**HNI (may enter one or more):**

**Effective Change 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 submitting this form, the submitter certifies that the information provided is accurate. This change request will be addressed within 10 working days of receipt of this submission.



**FORM E – CONFIRMATION OF CHANGE IN HNI INFORMATION**

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

Your request dated [DATE] for change(s) to the assignment information for HNI [HNI NUMBER] has 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.)*

**IMSI Administrator Contact name:**

**Date:**

**FORM F – HNI RETURN**

**This form is used to return to the pool any HNIs which are no longer required.**

**HNI (may enter one or more):**

**Company HNI is currently held by:**

**Effective Return Date (mm/dd/yyyy):**

**The HNI that is being returned was previously deployed:**

- ☐ Yes  
☐ No

**Contact Name:**

**Phone Number:**

**Email:**

By completing and submitting this form, I hereby understand and certify the following:

- ☐ 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, my company's mobile users may not be able 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 A—the Application form--and the conditions set under that form.