INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: CCOS 214

1. Applicar	nt			
	Name:	Consolidated Communications Operator Services, Inc.	Phone Number:	217–235–3316
	DBA Name:		Fax Number:	217–234–3119
	Street:	121 S. 17th Street	E–Mail:	thomas.mcminn@consolidated. com
	City:	Mattoon	State:	IL
	Country:	USA	Zipcode:	61938 – 3915
	Attention:	Mr Thomas McMinn		

2. Contact				
	Name:	Craig Neeld	Phone Number:	407-740-8575
	Company:	Technologies Management, Inc.	Fax Number:	407-740-0613
	Street:	210 N. Park Ave.	E-Mail:	cneeld@tminc.com
	City:	Winter Park	State:	FL
	Country:	USA	Zipcode:	32789 –
	Contact Title:	Consultant	Relationship:	Other
	Tiue.			

Place of Incorporation of Applicant Delaware
 Other Company(ies) and Place(s) of Incorporation

5. Service Type(s) (check all that apply)				
Global or Limited Global Facilities–Based Authority (Section 63.18(e)(1))				
Global or Limited Global Resale Authority (Section 63.18(e)(2))				
Individual Facilities—Based Service (Section 63.18(e)(3))				
Individual Switched Resale Service (Section 63.18(e)(3))				
Individual Facilities—Based and Resale Service (Section 63.18(e)(3))				
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))				
Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))				
Overseas Cable Construction (Section 63.18(e)(3))				
Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))				
Other (Section 63.18(e)(3))				
6a. Is a fee submitted with this application?				
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).				
Governmental Entity Noncommercial educational licensee				
Other(please explain):				
T				
6b. Fee Classification CUT – Section 214 Authority				
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All international points				

	cation for Authority to Provide International Facilities-Based and Reso	old Services to
All International Points Except Country X)		
(If the complete description does not appear in this box	x, please go to the end of the form to view it in its entirety.)	
Application to Provide In	ternational Facilities-based and Resold	
Services to All Internati	onal Points	
9. Does the applicant request streamlined processing pur	suant to 47 C.F.R. Section 63.12? If yes, include in Yes	No
Attachment 1 a statement of how the application qualifie		O 1.0
	over private lines pursuant to Section 63.16, provide the required show	ing in
Attachment 1.		
Applicant certifies that its responses to questions 11 t	hrough 17 are true:	
11 16 1 1 1 1 6 1 1 1 1	1.5 1: 47.CED 0 3: (2.00/)) 11.5	
11. If the applicant is a foreign carrier, or is affiliated (as		
carrier, provide in Attachment 1 the information and cert	ilications required by Section 63.18(1) through (m).	
12 Does the applicant sock authority to provide service t	o any destination described in personable (1) through (4)	- No
of Section 63.18(j)? If yes, list those destinations in Atta	to any destination described in paragraphs (1) through (4) Yes	No
of Section 63.16(j): If yes, list those desultations in Atta	chilicht 1 as a response to question 12.	

13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.		10
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.		
15. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	O 1	No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	O 1	Vo

CERTIFICATION

18. Typed Name of Person Signing Thomas O. McMinn	II	. Title of Person Signing egulatory Administrator	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT (U.S. Code, Title 18, Section 1001), AND/OR REVOCATION OF ANY STATION AUTHORIZATION (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).			
20. 1: Att. #1	2: Att. #2	3:	

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