INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

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

1. Applicant			
Name:	Telecomm1Stop,LLC	Phone Number:	408-629-0669
DBA Name:		Fax Number:	408–279–7184
Street:	1331 Erinwood Court	E-Mail:	robert@telecomm1stop.com
City: Country:	San Jose USA	State: Zipcode:	CA 95121 –
Attention:	Mr Robert L Dawson Jr		

2.	Contact
2.	Contact
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Name: Clara Berry Phone Number: 408–629–0669

Company: Telecomm1Stop,LLC Fax Number: 408–279–7184

Street: 1331 Erinwood Court E–Mail: c.m.berry@telecomm1stop.com

City: San Jose State: CA

Country: USA Zipcode: 95121 -

Contact CEO Relationship: Other

Title:

3. Place of Incorporation of Applicant California

4. 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?				
Governmental Entity Noncommercial educational licensee				
Other(please explain):				
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				

0. Continue (4. min) in the continue of the co	110
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities–Based and Resolution of Authority in Indiana.	old Services to
All International Points Except Country X)	
(If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)	
Application to provide internation facilities based and resold	
services to all international points	
services to all international points	
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes	No
Attachment 1 a statement of how the application qualifies for streamlined processing.	110
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10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required show	ing in
Attachment 1.	mg m
Truchment 1.	
Applicant certifies that its responses to questions 11 through 17 are true:	
11. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m).	
12 Dees the applicant scale outhority to provide service to any destination described in personance (1) through (4)	- N
12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes	No
of Section 63.18(j)? If yes, list those destinations in Attachment 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.	● N	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 Robert Lee Dawson Jr	19. Tit Preside	tle of Person Signing lent			
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: 214 Cert	2:	3:			

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