# INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Application of Local Line America, Inc. for a 214 International Services License

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Name:	Local Line America, Inc.	Phone Number:	330-253-0710 x300
DBA Name:		Fax Number:	330–535–3581
Street:	4551, 1095 Home Avenue	E-Mail:	amy@ezphoneusa.com
	Suite B		
City:	Akron	State:	ОН
<b>Country:</b>	USA	Zipcode:	44310 –
Attention:	Mrs Amy J Topper		

2.	Contac

Name: Katherine E. Barker Phone Number: 202–955–9669

**Company:** The KDW Group, LLC **Fax Number:** 202–955–9792

Street: 1200 19th Street NW, Suite 500 E-Mail: kbarker@thekdwgroup.com

City: Washington State: DC

Country: USA Zipcode: 20036 -

Contact Senior Consultant Relationship: Other

Title:

3. Place of Incorporation of Applicant Ohio

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 possible under a grant of global authority.'					

8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold 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.)	
Local Line America requests authority in this Application to operate as a facilities-based and resale carrer, pursuant to the terms and conditions of Section 63.18(e)(1) and Section 63.18(e)(2) of the Commission's Rules, on all routes possible under a grant of global	
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing.	
10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 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. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes 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.		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 Amy J. Topper		9. Title of Person Signing hief Financial Officer			
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: #1	2: #2	3:	]		

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## 8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to All International Points Except Country X)

Local Line America requests authority in this Application to operate as a facilities-based and resale carrer, pursuant to the terms and conditions of Section 63.18(e)(1) and Section 63.18(e)(2) of the Commission's Rules, on all routes possible under a grant of global authority. As evidenced by the certification provided in Attachment A, Applicant certifies that it will comply with the terms and conditions contained in Sections 63.21 and 63.23 of the Commission's Rules.