INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Eye Telecom Section 214 Application

1. Applicant				
Name:	Eye Telecom, Inc.	Phone Number:	703–629–5998	
DBA Name:		Fax Number:		
Street:	1911 Grey Castle Way	E–Mail:	yabate@verizon.net	
City:	Silver Spring	State:	MD	
Countr	y: USA	Zipcode:	20903 –	
Attenti	on: Mr Yohannes A Malaku			

2. Contact				
	Name:	Yohannes Abate	Phone Number:	703–629–5998
	Company:	Eye Telecom, Inc.	Fax Number:	
	Street:	1911 Grey Castle Way	E–Mail:	yabate@verizon.net
	City:	Silver Spring	State:	MD
	Country:	USA	Zipcode:	20903 –
	Contact	President	Relationship:	Same
	Title:			

3. Place of Incorporation of Applicant Virginia

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?		
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):		
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 except countries not authorized by the Commission		

8. Caption (descripti	ion of authority requested, e.g., Application for Authority to Provide International Facilities-Based and Resol	d Services to
All International Poi	ints Except Country X)	
(If the complete d	lescription does not appear in this box, please go to the end of the form to view it in its entirety.)	
	Application for Authorit to Provide International FacilitiesBased	
	and Resolved Services to all International Points except for countries	
	not authorized by the Commission	
L		
O Door the applican	at request streamlined pressessing pursuant to 47 CED. Section 62 109. If was include in	- N
	nt request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes ement of how the application qualifies for streamlined processing.	O No
7 ttueimient 1 a state	ement of now the appreciation quanties for streammed processing.	
11 5 0	uthority to provide switched services over private lines pursuant to Section 63.16, provide the required showing	ng in
Attachment 1.		
Amuliaant aantifiaa	that its responses to specifying 11 through 17 and two	
Applicant certifies	that its responses to questions 11 through 17 are true:	
	is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
carrier, provide in A	attachment 1 the information and certifications required by Section 63.18(i) through (m).	
12. Does the applica	ant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes	A No
	If yes, list those destinations in Attachment 1 as a response to question 12.	No

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 Yohannes Abate	19. T Presi	Title of Person Signing ident	
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: Application	2:	3:	

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