INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: UNITED TELECOMMUNICATION SERVICES, INC. FCC 214 Application

1. Applicant

Name: UNITED Phone Number: 305–715–7171

TELECOMMUNICATION SERVICES, INC. dba UTS

DBA Fax Number: 305–715–7144

Name:

Street: 8244 NW 30 Terrace E–Mail: perry.gumbs@uts.an

City: Miami State: FL

Country: USA Zipcode: 33122 -

Attention: Mr Julio G Constansia

2. Contact

Name: Matthew Schulman Phone Number: 305–468–1645

Company: Regnum Group, Inc. **Fax Number:** 305–468–8509

Street: 7999 NW 53 St. E–Mail: reg@regnumgroup.com

City: Miami State: FL

Country: USA Zipcode: 33166 -

Contact Regulatory Consultant Relationship: Same

Title:

3. Place of Incorporation of Applicant Florida

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.						

_	iption of authority requested, e.g., Application for Authority to Provide International Facilities–Based and Reso	old Services to
	Points Except Country X) e description does not appear in this box, please go to the end of the form to view it in its entirety.)	
(If the complete		
	Application for Authority to operate as a facilities-based carrier	
	under global facilities-based authority in accordance with provisions	
	of Section 63.18(e)(1) of the rules; and under global resale authority	
	in accordance with Section 63.18(e)(2) of the rules. Applicant agrees	
	cant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes	O No
Attachment 1 a st	tatement of how the application qualifies for streamlined processing.	_
10. If applying for	r authority to provide switched services over private lines pursuant to Section 63.16, provide the required show	ving in
Attachment 1.		
Applicant certifie	es that its responses to questions 11 through 17 are true:	
^ ^	nt is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
carrier, provide in	n Attachment 1 the information and certifications required by Section 63.18(i) through (m).	
12. Does the appl	licant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes	No
	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.	9	Yes	٥	No
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.	9	Yes	0	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.	.	Yes	0	No

CERTIFICATION

18. Typed Name of Person Signing Julio G. Constansia	19. Title Presiden	of Person Signing t					
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: UTS-USA Attach	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)

Application for Authority to operate as a facilities-based carrier under global facilities-based authority in accordance with provisions of Section 63.18(e)(1) of the rules; and under global resale authority in accordance with Section 63.18(e)(2) of the rules. Applicant agrees to be classified as a dominant carrier on the US-Netherlands Antilles Route and agrees to file quarterly traffic reports as to this Route in accordance with the Commission