## INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

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

1. Applicant			
Name:	Utilicom Network, LLC	Phone Number:	813–641–9400 x204
DBA Name:		Fax Number:	813-641-7800
Street:	200 Frandorson Circle	E-Mail:	chrisg@utilicomnet.com
	Suite 103		
City:	Apollo Beach	State:	FL
Country:	USA	Zipcode:	33572 –
Attention:	Mr Christopher J Galen		

2. Contact						
	Name:	Utilicom Network, LLC	Phone Number:	813–641–9400 x204		
	Company:	Utilicom Network, LLC	Fax Number:	813-641-7800		
	Street:	200 Frandorson Circle	E-Mail:	chrisg@utilicomnet.com		
		Suite 103				
	City:	Apollo Beach	State:	FL		
	Country:	USA	Zipcode:	33572 –		
	Attention:	Mr Christopher J Galen	Relationship:	Same		
3. Place of I	ncorporation	n of Applicant Florida				
4. Other Co.	mpany(ies) a	and Place(s) of Incorporation				
5. Service Type(s) (check all that apply)						
Glob	al or Limited	d Global Facilities–Based Authority	(Section 63.18(e)(1))			
Glob	Global or Limited Global Resale Authority (Section 63.18(e)(2))					
Indiv	idual Faciliti	ies-Based Service (Section 63.18(e)	0(3))			
Indiv	idual Switch	ned Resale Service (Section 63.18(e)	0(3))			
Indiv	idual Faciliti	ies-Based and Resale Service (Section	ion 63.18(e)(3))			
Swite	ched Services	s 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?  The image of the image of the submitted with this application?  The image of the image of the submitted with this application?  The image of the image of the submitted with this application?  The image of the image o	
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	
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.)	
Application for Authority to Provide International Facilities-Based and Resold 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 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 c	ertifies that	its responses	to questions	11 through 1'	7 are true:

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

represent certifies that its responses to questions in an ough 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) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	O Yes	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.	O Yes	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.		

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.	•	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	٥	No

## **CERTIFICATION**

18. Typed Name of Person Signing Christopher J. Galen	19. Title of Person Signing Managing Partner	
(U.S. Code, Title 18, Section 1001), AND/OR	FORM ARE PUNISHABLE BY FINE AND / OR IMPRISONMENT R REVOCATION OF ANY STATION AUTHORIZATION ND/OR FORFEITURE (U.S. Code, Title 47, Section 503).	
20. 1:	3:	

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