## INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

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

1. Applicant			
Name:	Callis Communications, Inc.	Phone Number:	251-662-8300
DBA Name:		Fax Number:	251–445–6606
Street:	720 Oak Circle Drive East	E-Mail:	dean.parker@mycallis.com
	Suite 100		
City:	Mobile	State:	AL
Country	: USA	Zipcode:	36609 –
Attention	n: Mr Dean N Parker Jr		

2. Contact						
Na	ame:	Jerry Cherne	Phone Number:	251–445–6999		
Co	ompany:	Callis Communications, Inc.	Fax Number:	251-621-0771		
St	reet:	720 Oak Circle Drive East	E-Mail:	jerry@mycallis.com		
		Suite 100				
Ci	ity:	Mobile	State:	AL		
Co	ountry:	USA	Zipcode:	36609 – 4281		
At	ttention:	Jerry Cherne	Relationship:	Other		
3. Place of Inc	corporation	of Applicant AL				
4. Other Comp	pany(ies) a	nd Place(s) of Incorporation				
5. Service Typ	e(s) (check	c 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))			
Individ	ual Faciliti	es-Based Service (Section 63.18(e)	(3))			
Individ	ual Switch	ed Resale Service (Section 63.18(e)	(3))			
Individ	ual Faciliti	es-Based and Resale Service (Section	on 63.18(e)(3))			
Switche	ed Services	s over Private Lines (ISR) (Section of	63.16 and/or 63.18 (e)(3))			
Inmarsa	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?  a 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
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 Resold Services to All International Points in accordance with Section 63.18(e)(2)
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 11 anough 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 Jerry Cherne		19. Title of Person Signing Director			
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:	2: Callis 214 Ap	pl Att	3:		

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