INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: International Section 214 Application of OnStar Corporation

1. Applicant			
Name:	OnStar Corporation	Phone Number:	313-665-2802
DBA Name:		Fax Number:	313-667-0822
Street:	P.O. Box 0217	E-Mail:	joanne.finnorn@onstar.com
City:	Troy	State:	MI
Country:	USA	Zipcode:	48099 –
Attention	: Ms. Joanne Finnorn, Esq.		

Name:	Mr. Ari Q. Fitzgerald, Esq.	Phone Number:	202-637-5423
Company:	Hogan & Hartson LLP	Fax Number:	202-637-5910
Street:	555 Thirteenth Street, NW	E-Mail:	aqfitzgerald@hhlaw.com
City:	Washington	State:	DC
Country:	USA	Zipcode:	20004 – 1109
Attention:	Mr. Ari Q. Fitzgerald, Esq.	Relationship:	Legal Counsel

3. Place of Incorporation of Applicant Delaware

4. Other Company(ies) and Place(s) of Incorporation General Motors Corporation, Delaware

5. Service Type(s) (check all that apply)

G	lobal or Limited	Global Facilities -	-Based Authority	(Section	63.18(e)(1))
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- 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	я	fee	submitted	with	this	application?	,
0a.	12	а	166	submitted	with	uns	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 ON 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	l, e.g., Appl	cation for	r Authorit	y to Provid	le Internati	onal Facilit	ties-Based and	d Resold Servi	ices to
All Internat	tional Points	Except Co	untry X)									
(T.O. 1							1 0 1 (•		

• Yes

O No

(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 Resale Long Distance 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 certifies that its	s responses to	questions 11 th	rough 17 are true:
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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.	0	Yes	۲	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.	0	Yes	۲	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 2, 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.	۲	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.	۲	Yes	0	No

CERTIFICATION

18. Typed Name of Person Signing Ms. Joanne Finnorn, Esq.	19. Title of H General Cou	Person Signing Insel			
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: Attachment 1	2: Attachment 2	3:			

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