INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Application for Authority to Provide International Switched Resold Services

1. Applicant	•		
Name:	FIDELITY CABLEVISION INC	Phone Number:	573-468-1218
DBA Name:		Fax Number:	573–468–5440
Street:	64 N CLARK	E-Mail:	dave. beier@fidelitycommunications. com
City:	SULLIVAN	State:	МО
Country:	USA	Zipcode:	63080 –
Attention:	David Beier		

2. Contact

Name: Terri K. Firestein Phone Number: 301–842–1437

Company: CCG **Fax Number:** 301–842–1439

Street: 10806 Garrison Hollow E–Mail: tfireccg@myactv.net

City: Clear Spring State: MD

Country: USA Zipcode: 21722 -

Attention: Relationship: Other

3. Place of Incorporation of Applicant Missouri

4. Other Company(ies) and Place(s) of Incorporation

Fidelity Communications Services III, Inc., Missouri

Fidelity Communications, Inc., Missouri

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		

	Application for Authority to Provide International Facilities-Based and Reso	old Services to
All International Points Except Country X)		
(If the complete description does not appear in the	his box, please go to the end of the form to view it in its entirety.)	
Application for Autho	ority to Provide International Switched Resold	
Services to All Inter	rnational Points	
9. Does the applicant request streamlined processing	ng pursuant to 47 C.F.R. Section 63.12? If yes, include in Yes	No No
Attachment 1 a statement of how the application qu		O 1.0
	ervices over private lines pursuant to Section 63.16, provide the required show	ing in
Attachment 1.		
Applicant certifies that its responses to question	ns 11 through 17 are true:	
11 If the applicant is a family coming on is affiliate	and (on defined in 47 CED Section (2.00(a)) with a femiliar	
	ted (as defined in 47 C.F.R. Section 63.09(e)) with a foreign and certifications required by Section 63.18(i) through (m).	
carrier, provide in Attachment 1 the information an	id certifications required by Section 63.18(1) through (III).	
12 Does the applicant seek authority to provide se	ervice to any destination described in paragraphs (1) through (4) Yes	• No
of Section 63.18(j)? If yes, list those destinations is		• 110
or seems sorrogy. If yes, his those destinations is	and the state of t	
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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.	● N	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 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.	O 1	10
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	lo

CERTIFICATION

18. Typed Name of Person Signing (Must be a Corporate Officer) David N. Beier	19. Title of Person Signing Vice President					
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: Response Question 9 2: Response to	Ques 14 3:					

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