## INTERNATIONAL SECTION 214 APPLICATION FCC FORM 214 FOR OFFICIAL USE ONLY

## APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: For Global Authority for Provision of Resold Services

1. Applicant				
N	Name:	GRID4 COMMUNICATIONS	Phone Number:	248-244-8100
	OBA Name:		Fax Number:	248-244-9400
S	Street:	2107 Crooks Road	E-Mail:	CHOPKINS@GRID4.COM
C	City: Country: Attention:	TROY USA Mr CHRISTOPHER HOPKINS	State: Zipcode:	MI 48084 –

2. Contac	t				
	Name:	Douglas Black	Phone Number:	248-918-2851	
	Company:	Grid4 Communications, Inc.	Fax Number:	248-244-9400	
	Street:	2107 Crooks Road	E-Mail:	dblack@grid4.com	
	City:	Troy	State:	MI	
	Country:	USA	Zipcode:	48084 –	
	Attention:		Relationship:	Same	
3. Place o	f Incorporation	n of Applicant Michigan			
4. Other ON/A	Company(ies) a	and Place(s) of Incorporation			
	• • • • • • • • • • • • • • • • • • • •	ck all that apply) d Global Facilities—Based Authoric	ty (Section 63.18(e)(1))		
		d Global Resale Authority (Sectio			
	lividual Facilit	ies-Based Service (Section 63.18)	(e)(3)		
Inc	lividual Switch	ned Resale Service (Section 63.18)	(e)(3))		
Inc	lividual Facilit	ies-Based and Resale Service (Sec	ction 63.18(e)(3))		
Sw	ritched Service	es over Private Lines (ISR) (Section	n 63.16 and/or 63.18 (e)(3))		
Inr	narsat and Mo	bile Satellite Service (Section 63.1	8(e)(3))		
Ov	erseas Cable C	Construction (Section 63.18(e)(3))			
Inc	lividual Non–l	Interconnected Private Line Resale	Service (Section 63.18(e)(3))		
Otl	Other (Section 63.18(e)(3))				

6a. Is a fee submitted with this application?  To be a fee submitted with this application?  To be 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	
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.)	0
Application under Secion 214 of the Communication Act of 1934, As Amended, for Global Authority For the Provision of Resold Services Between the U.S. and Various 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 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 (Must be a Corp C. Christopher Hopkins	· • • • • • • • • • • • • • • • • • • •	19. Title of Person Signing President/CEO		
	DE ON THIS FORM ARE PUNISH 001), AND/OR REVOCATION OF 312(a)(1)), AND/OR FORFEITURE	ANY STATION AUTHORIZATION	N	
20. 1: APPLICATION	2: SHAREHOLDER	3:		

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