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: Dial World Communications, LLC – International 214 Application

1. Applicant			
Name:	Dial World Communications, LLC	Phone Number:	305-259-1566
DBA Name:		Fax Number:	305-574-7881
Street:	19109 SW 80th Court	E-Mail:	ray@dialworldcom.com

City: Miami State: FL

Country: USA Zipcode: 33157 -

Attention: Raymond J Valme

2. Contact							
	Name:	Jonathan S. Marashlian	Phone Number:	703–714–1313			
	Company:	Helein & Marashlian, LLC	Fax Number:	703–714–1330			
	Street:	1483 Chain Bridge Road	E-Mail:	jsm@commlawgroup.com			
		Suite 301					
	City:	McLean	State:	VA			
	Country:	USA	Zipcode:	22101 –			
	Attention:	Jonathan S. Marashlian	Relationship:	Legal Counsel			
3. Place of 1	Incorporation	n of Applicant Delaware					
4. Other Co	ompany(ies) a	and Place(s) of Incorporation					
5. Service T	Type(s) (chec	k all that apply)					
		l Global Facilities–Based Authority					
Glob	Global or Limited Global Resale Authority (Section 63.18(e)(2))						
Indiv	idual Faciliti	ies–Based Service (Section 63.18(e)	(3))				
Indiv	idual Switch	ed Resale Service (Section 63.18(e)	(3))				
Indiv	idual Faciliti	ies-Based and Resale Service (Secti	on 63.18(e)(3))				
Swite	ched Services	s over Private Lines (ISR) (Section 6	53.16 and/or 63.18 (e)(3))				
Inma	rsat and Mol	bile Satellite Service (Section 63.18)	(e)(3)				
Over	seas Cable C	Construction (Section 63.18(e)(3))					
Indiv	idual Non–I	nterconnected Private Line Resale S	ervice (Section 63.18(e)(3))				
Othe	Other (Section 63.18(e)(3))						

	ed with this application? The 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 ex	•				
Other (piease e.	Apidiii).				
6b. Fee Classificati	on CUT – Section 214 Authority				
7. Destination Cou "Countries X, Y, an	ntry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or ad Z only".) All International Points				
All International Po	tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to bints Except Country X) 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 Authorized International Points				
Attachment 1 a sta	ant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in tement of how the application qualifies for streamlined processing. Authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in				

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	٥	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 Corpo Raymond J. Valme	orate Officer) 19. Title of CEO	19. Title of Person Signing CEO				
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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