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: 214 Application for Alianza

1. Applicar	nt			
	Name:	Alianza Global Communications Services	Phone Number:	801-802-6414
	DBA Name:		Fax Number:	801–772–2076
	Street:	333 South 520 West	E-Mail:	sbell@alianza.com
	City:	Lindon	State:	UT
	Country:	USA	Zipcode:	84042 –
	Attention:	Mr Scott Bell		

2. Contact **Phone Number:** Name: Scott Bell 8018026414 **Company:** Alianza Global Communication Fax Number: 8017722076 Services 333 South 520 West E-Mail: sbell@alianza.com **Street:** City: Lindon **State:** UT

84042

Zipcode:

Relationship:

3. Place of Incorporation of Applicant Utah

Country:

Attention:

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

USA

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):						
T						
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						

	tion of authority requested, e.g., Application for Authority to Provide International Facilities-Based and Res	old Services to
	oints 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 facilities-based	
	and resold services to all international points.	
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	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.	O No
Attachinent 1 a sta	tement of now the application quanties for streammed processing.	
10. If applying for	authority to provide switched services over private lines pursuant to Section 63.16, provide the required show	wing in
Attachment 1.		
Applicant certifies	s that its responses to questions 11 through 17 are true:	
11 If the applicant	t is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign	
^ ^	Attachment 1 the information and certifications required by Section 63.18(i) through (m).	
currer, provide in	Tendemient I the information and certifications required by section 03.10(1) through (iii).	
12. Does the applie	cant seek authority to provide service to any destination described in paragraphs (1) through (4) Yes	No
of Section 63.18(j)	? If yes, list those destinations in Attachment 1 as a response to question 12.	-
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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.		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 Corp Scott Bell	porate Officer) 19. Title of CTO	Person Signing				
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.txt	2: Attachment 2.txt	3:				

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