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: Authorization 214

1. Applicant			
Name:	Vierge Group, LLC	Phone Number:	305–407–8080 x7278
DBA Name:		Fax Number:	305-407-8860
Street:	8407 NW 68 Street	E–Mail:	info@viergegroup.com
City:	Miami	State:	FL
Country:	USA	Zipcode:	33166 –
Attention:	Mr Jonathan A Saporta		

2. Contact				
	Name:	Ruthy Bello	Phone Number:	305-407-8080
	Company:	Vierge Group, LLC	Fax Number:	305-407-8860
	Street:	8407 NW 68 Street	E-Mail:	ruthy.bello@viergegroup.com
	City:	Miami	State:	FL
	Country:	USA	Zipcode:	33166 – 2639
	Attention:	Ruthy Bello	Relationship:	Other
3. Place of	Incorporation	of Applicant Miami, Flo	rida U.S.A.	
4. Other Co	ompany(ies) a	and Place(s) of Incorporation		

3. Place of Inc	orporation of Applicant Miami, Florida U.S.A.
4. Other Comp	pany(ies) and Place(s) of Incorporation
5. Service Typ	e(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))
Individ	ual Facilities–Based Service (Section 63.18(e)(3))
Individ	ual Switched Resale Service (Section 63.18(e)(3))
Individ	ual Facilities–Based and Resale Service (Section 63.18(e)(3))
Switche	ed Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))
Inmarsa	at and Mobile Satellite Service (Section 63.18(e)(3))
Oversea	as Cable Construction (Section 63.18(e)(3))
Individ	ual 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? 16 Yes complete and ettack ECC Form 150. If No indicate reason for fee expension (see 47 C F.R. Section 1 1114).
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".) Colombia, Venezuela, Mexico, Chile, Ecuador
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.)
International calling cards services.
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.

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.	⊘ Yes	O 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.	● Yes	O 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.	•	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	0	No

CERTIFICATION

18. Typed Name of Person Signing (Must be a Corporate Officer) Denisse Troconis		19. Title of Person Signing 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:	2:	3:		

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