## 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: eBestPhone – Section 214 Application

1. Applicant

919-389-9234

**DBA** 

Fax Number: 866-347-7418

Name:

Name:

**Street:** 

9650 Strickland Road #103-290 E-Mail:

eBestPhone Communications LLC Phone Number:

lguillama@ebestphone.com

City:

Raleigh

**State:** 

NC

**Country:** 

USA

Zipcode:

27615

Attention: Mr Louis Guillama

2. Contac	t					
	Name:	Louis Guillama	Phone Number:	919–389–9234		
	Company:	eBestPhone Communications LLC	Fax Number:	866–347–7418		
	Street:	9650 Strickland Road #103-290	E-Mail:	lguillama@ebestphone.com		
	City:	Raleigh	State:	NC		
	<b>Country:</b>	USA	Zipcode:	27615 –		
	Attention:	Mr. Louis Guillama	Relationship:	Same		
3. Place of	of Incorporation	n of Applicant North Carolina				
4. Other 0	Company(ies) a	and Place(s) of Incorporation				
5. Service	e Type(s) (chec	k all that apply)				
	• • • • •	d Global Facilities–Based Authority (	Section 63.18(e)(1))			
₩ Gl						
Individual Facilities—Based Service (Section 63.18(e)(3))						
Individual Switched Resale Service (Section 63.18(e)(3))  Individual Switched Resale Service (Section 63.18(e)(3))						
Inc	dividual Facilit	ies-Based and Resale Service (Section	on 63.18(e)(3))			
Sw	itched Service	s over Private Lines (ISR) (Section 6	3.16 and/or 63.18 (e)(3))			
Inr	narsat and Mol	bile Satellite Service (Section 63.18(6	e)(3))			
Ov	Overseas Cable Construction (Section 63.18(e)(3))					
Inc	dividual Non–I	nterconnected Private Line Resale Se	ervice (Section 63.18(e)(3))			
Ot	her (Section 63	3.18(e)(3))				

	ed with this application? te and attach FCC Form 159. <b>If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).</b>
<del>"</del>	Entity Noncommercial educational licensee
Other(please e.	<del>-</del>
Other (piease e.	Apidin).
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 authorized international points
All International Po	tion of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to oints 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 Yes No stement 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 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	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 Louis Guillama	19. Title of Person Signing VP Marketing & Sales			
WILLFUL FALSE STATEMENTS MAD (U.S. Code, Title 18, Section 10 (U.S. Code, Title 47, Section 3	001), AND/OR REV	OCATION OF ANY S	TATION AUTHORIZATION	
20. 1: Attachment 1	2: Attachment 2		3:	

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