## 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:

Application for authority to provide resale service in accordance with section 63.18(e)(2) of the Commission

| 1. Applicant |                             |               |                |
|--------------|-----------------------------|---------------|----------------|
| Name:        | Cordova Long Distance, inc. | Phone Number: | 907-424-2345   |
| DBA<br>Name: |                             | Fax Number:   | 907–424–2142   |
| Street:      | 611 Second Street           | E-Mail:       | paul@ctcak.net |
|              | P.O. Box 459                |               |                |
| City:        | Cordova                     | State:        | AK             |
| Country:     | USA                         | Zipcode:      | 99574 –        |
| Attention:   | Mr Paul Kelly               |               |                |
|              |                             |               |                |

| 2. Contact          |                 |  |                            |               |
|---------------------|-----------------|--|----------------------------|---------------|
|                     | Name:           | Paul J Jones                           | Phone Number:              | 907-277-1604  |
|                     | Company:        | Kemppel, Huffman and Ellis, P.C.       | Fax Number:                | 907-276-2493  |
|                     | Street:         | 255 East Fireweed Lane                 | E-Mail:                    | pjj@khe.com   |
|                     | City:           | Anchorage                              | State:                     | AK            |
|                     | <b>Country:</b> | USA                                    | Zipcode:                   | 99503 –       |
|                     | Attention:      | Paul J. Jones                          | Relationship:              | Legal Counsel |
|                     |                 |  |                            |               |
|                     |                 |  |                            |               |
| 3. Place of         | Incorporation   | n of Applicant Alaska                  |                            |               |
| 4. Other Co<br>None | ompany(ies) a   | and Place(s) of Incorporation          |                            |               |
| 5. Service          | Type(s) (chec   | k all that apply)                      |                            |               |
|                     | • • • • • •     | d Global Facilities—Based Authority    | (Section 63.18(e)(1))      |               |
| <b>X</b> Glo        | bal or Limited  | d Global Resale Authority (Section 6   | 53.18(e)(2))               |               |
|                     | vidual Facilit  | ies-Based Service (Section 63.18(e)    | (3))                       |               |
| Indi                | vidual Switch   | ned Resale Service (Section 63.18(e)   | (3))                       |               |
| Indi                | vidual Facilit  | ies-Based and Resale Service (Secti    | on 63.18(e)(3))            |               |
| Swi                 | tched Service   | s over Private Lines (ISR) (Section 6  | 53.16 and/or 63.18 (e)(3)) |               |
|                     |                 | bile Satellite Service (Section 63.18) |                            |               |

Overseas Cable Construction (Section 63.18(e)(3))

Other (Section 63.18(e)(3))

 $Individual\ Non-Interconnected\ Private\ Line\ Resale\ Service\ (Section\ 63.18(e)(3))$ 

|                                       | nitted with this application?  If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).  |
|---------------------------------------|---|
| <del>"</del>                          |   |
| Government                            | al Entity Noncommercial educational licensee  |
| Other(please                          | e explain):   |
| 6b. Fee Classific                     | ration CUT – Section 214 Authority  |
| 7. Destination Co<br>"Countries X, Y, | ountry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or and Z only".) All International Points   |
| All International                     | ription of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to Points Except Country X) the 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 resale service to all internatinal points in accordance with section 63.18(e)(2) of the Commission   |
| Attachment 1 a                        | licant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Statement of how the application qualifies for streamlined processing.  Or 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 Corporate Officer) Paul Kelly |   | 19. Title of Person Signing Chief Executive Officer/General Manager |      |                     |  |
|---|---|---|------|---------------------|--|
| (U.S. Code, Title 18, S   | TS MADE ON THIS FORM<br>lection 1001), AND/OR REV<br>Section 312(a)(1)), AND/OR | OCATION OF ANY ST   | ΓΑΤΙ |                     |  |
| 20. 1: Attachment 1   | 2: Attachment 2   | ,   | 3:   | Form 159 Remittance |  |

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