## 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: Worldvox Corporation

1. Applicant				
N	Name:	Worldvox Corporation	Phone Number:	(704) 841–2649
	OBA Name:		Fax Number:	
S	Street:	3116 Weddington Road, Suite 900–135	E–Mail:	ryan@worldvox.com
	City:	Matthews	State:	NC
	Country:	USA	Zipcode:	28105 –
A	Attention:	Ryan Snapper		

4. Other Company(ies) and Place(s) of Incorporation
Street: 1420 Spring Hill Road, Suite 401 E-Mail: cac@commpliancegroup.com  City: McLean State: VA  Country: USA Zipcode: 22102 -  Attention: Chris Canter Relationship:  3. Place of Incorporation of Applicant AL  4. Other Company(ies) and Place(s) of Incorporation  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))
City: McLean State: VA Country: USA Zipcode: 22102 – Attention: Chris Canter Relationship:  3. Place of Incorporation of Applicant AL 4. Other Company(ies) and Place(s) of Incorporation  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))
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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))

	with this application? and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
<del>*</del>	ntity Noncommercial educational licensee
Other(please exp	<del>-</del>
Other(please exp	14111/.
6b. Fee Classification	CUT – Section 214 Authority
7. Destination Countries X, Y, and	ry(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or Z only".) All Authorized Points
All International Poir	on of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to escription 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 International Points
Attachment 1 a state	t request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in ment of how the application qualifies for streamlined processing.  Thority 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	0	No

## CERTIFICATION

8. Typed Name of Person Signing (Must be a Ryan Snapper	19. Title of Person Signing President			
	tion 1001), AND/OR REVO	OCATION OF AN	LE BY FINE AND / OR IMPRISORY STATION AUTHORIZATION U.S. Code, Title 47, Section 503).	ONMENT
20. 1: Response to § 63.12	2: Responses to §	§ 63.18	3:	

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