## 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 Section 214 Authority to Provide International Facilities—Based Services

1. Applicant			
Name:	Cable Andino USA, Inc.	Phone Number:	305-777-8007
DBA Name:		Fax Number:	305-777-8007
Street:	1100 NW 163rd Drive	E–Mail:	cpazmino@telconet.com
City:	Miami	State:	FL
Country:	USA	Zipcode:	33169 –
Attention:	Mr. Carlos Pazmino		

2. Contact				
	Name:	Fernando Margarit	Phone Number:	305-810-2583
	Company:	Hunton & Williams LLP	Fax Number:	305-810-1667
	Street:	1111 Brickell Avenue,	E-Mail:	fmargarit@hunton.com
		#2500		
	City:	Miami	State:	FL
	<b>Country:</b>	USA	Zipcode:	33131 –
	<b>Attention:</b>	Fernando Margarit	Relationship:	Legal Counsel
3. Place of	Incorporation	of Applicant Florida		
4. Other Co	ompany(ies) a	and Place(s) of Incorporation		
5. Service 7	Type(s) (chec	k all that apply)		
<b>X</b> Glob	oal or Limited	Global Facilities–Based Authority	(Section 63.18(e)(1))	
Glob	oal or Limited	Global Resale Authority (Section	63.18(e)(2))	
Indiv	vidual Faciliti	es-Based Service (Section 63.18(e)	(3))	
Indiv	vidual Switch	ed Resale Service (Section 63.18(e)	(3))	
Indiv	vidual Faciliti	es-Based and Resale Service (Secti	on 63.18(e)(3))	
Swit	ched Services	s over Private Lines (ISR) (Section 6	63.16 and/or 63.18 (e)(3))	
Inma	arsat and Mol	pile Satellite Service (Section 63.18)	(e)(3)	
Over	rseas Cable C	Construction (Section 63.18(e)(3))		
Indiv	vidual Non–I	nterconnected Private Line Resale S	ervice (Section 63.18(e)(3))	
Othe	er (Section 63	.18(e)(3))		

	d 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	
6b. Fee Classification	n CUT – Section 214 Authority
7. Destination Count "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 international points permitted under a grant of global authority.
All International Poi	on of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to nts Except Country X) 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 Facilities-Based Services to All International Points,
Attachment 1 a state	at request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in the ement of how the application qualifies for streamlined processing.  Attribute 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.

applicant certifies that its responses to questions 11 through 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.	•	Yes	0	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.	0	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 Co-Carlos Pazmino	*	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: Attachments 1 and 2	2:	3:			

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