## 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: Yatango Mobile USA LLC Application for International Section 214 Authority

1. Applicant			
Name:	Yatango Mobile USA LLC	Phone Number:	61 (0)481 080 000
DBA Name:		Fax Number:	
Street:	Level 2, 82 Christie Street	E–Mail:	
City:	St Leonards	State:	
Country:	Australia	Zipcode:	_
Attention:	Mr John Wilkinson		

2. Contact				
	Name:	Douglas D. Orvis II	Phone Number:	202-373-6041
	Company:	Bingham McCutchen LLP	Fax Number:	202-373-6001
	Street:	2020 K Street	E-Mail:	douglas.orvis@bingham.com
	City:	Washington	State:	DC
	<b>Country:</b>	USA	Zipcode:	20006 – 1806
	Attention:	Douglas D. Orvis II	Relationship:	Legal Counsel
3. Place of	Incorporation	n of Applicant Delaware		
4. Other C	ompany(ies) a	and Place(s) of Incorporation		
5 G	TD () (1			
	• • • • •	k all that apply)		
Glo	bal or Limited	l Global Facilities—Based Authorit	ty (Section 63.18(e)(1))	

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))

☐ 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))

	uitted with this application?
~	elete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Government	al Entity Noncommercial educational licensee
Other(please	e explain):
6b. Fee Classific	ation CUT – Section 214 Authority
7. Destination Co "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) te 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 Global Facilities-Based and Resale Services to All International Points, with the exception of those Points on the Commission's Exclusion List.
Attachment 1 a s	icant 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 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

		19. Title of Person Signing Chief Financial Officer		
(U.S. Code, Title 18, Sec	S MADE ON THIS FORM ction 1001), AND/OR REV ection 312(a)(1)), AND/OR	OCATION OF ANY STA		
20. 1: Attachment_1	2: Ownership	3	: Verification	

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