## 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 of Nicholville Telephone Company, Inc., for Authority to Provide Resold International Telecommunications Services to All International Points

1. Applicant						
Na	ame:	Nicholville Telephone Co., Inc.	Phone Number:	315–328–5333		
DE Na	BA ame:		Fax Number:	315–328–4902		
Str	reet:	3330 State Highway 11B	E-Mail:	jmcgrath@slic.com		
		PO Box 122				
Cit	ty:	Nicholville	State:	NY		
Со	ountry:	USA	Zipcode:	12965 –		
Atı	tention:	Jeffrey McGrath				

2. Contact

Name: Todd B. Lantor, Esq. Phone Number: 703–584–8678

Company: Lukas, LaFuria, Gutierrez & Fax Number: 703–584–8696

Sachs, LLP

Street: 8300 Greensboro Drive E–Mail: tlantor@fcclaw.com

Suite 1200

City: Tysons State: VA

Country: USA Zipcode: 22102 -

Attention: Relationship: Legal Counsel

3. Place of Incorporation of Applicant New York State

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))
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))
6a. Is a fee submitted with this application?
Governmental Entity Noncommercial educational licensee
Other(please explain):
6b. Fee Classification CUT – Section 214 Authority
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All international points

	tion of authority requested, e.g., Application for Authority to Provide International Facilities–Based	and Reso	ld Servi	ces to
	oints Except Country X)			
(If the complete	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 Resold International			
	Telecommunications Services to All International Points			
9. Does the applica	ant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in	Yes		No
	tement of how the application qualifies for streamlined processing.	103	v	110
10. If applying for	authority to provide switched services over private lines pursuant to Section 63.16, provide the requir	rad abour	na in	
Attachment 1.	authority to provide switched services over private lines pursuant to Section 65.16, provide the requir	rea snowi	ing in	
Treatment 1.				
Applicant certifies	that its responses to questions 11 through 17 are true:			
	that its responses to questions in amough it are true.			
11 70.1				
* *	is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign Attachment 1 the information and certifications required by Section 63.18(i) through (m).			
carrier, provide in a	Attachment 1 the information and certifications required by Section 05.18(1) through (iii).			
	cant seek authority to provide service to any destination described in paragraphs (1) through (4)	Yes		No
of Section 63.18(j)	? If yes, list those destinations in Attachment 1 as a response to question 12.			

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.	<b>●</b> N	10
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.		
15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
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.	O 1	10
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.	O 1	lo

## **CERTIFICATION**

18. Typed Name of Person Signing (Must be a Corp Jeffrey S. McGrath	orate Officer)	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: Attachment 1	2: Attachment 2	3:	Attachment 3				

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