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: BPP TELECOM, LLC 214

1. Applicant			
Name:	BPP TELECOM, LLC	Phone Number:	954–304–4410
DBA Name:		Fax Number:	954-827-0664
Street:	10191 W Sample Road	E–Mail:	admin@bpptelecom.com
City: Country: Attention:	CORAL SPRINGS USA Mr James Baumhart	State: Zipcode:	FL 33065 –

2. Contact				
	Name:	BPP TELECOM, LLC	Phone Number:	954–304–4410
	Company:		Fax Number:	954-827-0664
	Street:	10191 W Sample Road	E–Mail:	admin@bpptelecom.com
	City:	CORAL SPRINGS	State:	FL
	Country:	USA	Zipcode:	33065 –
	Attention:		Relationship:	
3. Place of	Incorporatio	on of Applicant Florida		
4. Other C	ompany(ies)	and Place(s) of Incorporation		
5. Service	Type(s) (chec	ck all that apply)		
	• • • • • •	ed Global Facilities-Based Auth	ority (Section 63.18(e)(1))	
	bal or Limite	ed Global Resale Authority (Sec	etion 63.18(e)(2))	
	ividual Facili	ties-Based Service (Section 63.	18(e)(3))	
Indi	ividual Switch	hed 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?	
If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).	
Governmental Entity Noncommercial educational licensee	
Other(please explain): MyIBFS System payment system	
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 as permitted by the commission	
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services All International Points 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.)	s to
Application for authority for provide international facilities− based and Resold service to all international points as permitted by the commission	
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing. 10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1.)

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

18. Typed Name of Person Signing (Must be a Corpora James Baumhart	·	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:		3:		

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