## 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: BlueVoice Network LLC 214 Application

1. Applic	cant			
	Name:	BlueVoice Network, LLC	Phone Number:	516-284-3321
	DBA Name:		Fax Number:	
	Street:	20 Hempstead Tpk	E–Mail:	jmorey@longislandpress.com
	City:	Farmingdale	State:	NY
	<b>Country:</b>	USA	Zipcode:	11735 –
	Attention:	Jed Morey		

2. Contact						
	Name:	Ronald E. Quirk	Phone Number:	7037141305		
	Company:	The Commpliance Group	Fax Number:	7037141330		
	Street:	1420 Spring Hill Road	E–Mail:	req@commpliancegroup.com		
	City:	M	State:	VA		
	<b>Country:</b>	USA	Zipcode:	22102 –		
	Attention:		Relationship:	Legal Counsel		
3. Place of I	Incorporation	n of Applicant New York				
4. Other Co	ompany(ies) a	and Place(s) of Incorporation				
		k all that apply)				
		l Global Facilities–Based Author	• • • • • • • • • • • • • • • • • • • •			
<b>★</b> Glob	al or Limited	d Global Resale Authority (Section	on 63.18(e)(2))			
Indiv	idual Faciliti	ies-Based Service (Section 63.18	3(e)(3))			
Indiv	idual Switch	ed Resale Service (Section 63.18	S(e)(3))			
Indiv	idual Faciliti	ies-Based and Resale Service (Se	ection 63.18(e)(3))			
Swite	ched Service	s over Private Lines (ISR) (Section	on 63.16 and/or 63.18 (e)(3))			
Inma	rsat and Mol	bile Satellite Service (Section 63.	18(e)(3))			
Over	Overseas Cable Construction (Section 63.18(e)(3))					
Indiv	☐ 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):	
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	
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to 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.)	
Application for authority to provide global or limited global resale services, including nomadic interconnected voice over internet protocol.	
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 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	٥	No

## **CERTIFICATION**

		19. Title of Person Signing Partner			
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:	2:	3	3:		

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