## 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 International authority pursuant to 47 USC Sec. 214 for Resold Services

1. Applicant					
	Name:	Wayhub	Phone Number:	410-302-1105	
	DBA Name:		Fax Number:		
	Street:	1802 Rambling Ridge Ln,	E-Mail:	syedmufrad@way-hub.com	
		Apt 101			
	City:	Baltimore	State:	MD	
	<b>Country:</b>	USA	Zipcode:	21209 –	
	<b>Attention:</b>	Mr. Syed M. Alam			

2. Contact					
Name:	Edward A. Maldonado, Esq	Phone Number:	3054777580		
Compan	y: Maldonado Law Group	Fax Number:	3054777504		
Street:	2850 Douglas S. Road Suite 303	E-Mail:	eam@maldonado-group.com		
City:	Coral Gables	State:	FL		
Country	USA	Zipcode:	33134 –		
Attention	n:	Relationship:	Legal Counsel		
0 DI 0 0 0					
3. Place of Incorporat					
4. Other Company(ie	s) and Place(s) of Incorporation				
5. Service Type(s) (cl	neck all that apply)				
Global or Lim	ited Global Facilities-Based Authority	(Section 63.18(e)(1))			
Global or Lim	ted Global Resale Authority (Section	63.18(e)(2))			
Individual Fac	ilities-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))					
Switched Serv	ices over Private Lines (ISR) (Section	63.16 and/or 63.18 (e)(3))			
	ices over Private Lines (ISR) (Section Mobile Satellite Service (Section 63.18	. , , , , ,			
Inmarsat and M	, , ,	. , , , , ,			

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
O 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 international Resold services to all international points not excluded 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 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**

18. Typed Name of Person Signing (Must be a Corpo Syed M. Alam	orate Officer) 19. Title of Person President	19. Title of Person Signing President		
	DE ON THIS FORM ARE PUNISHAL 001), AND/OR REVOCATION OF A 012(a)(1)), AND/OR FORFEITURE (	NY STATION AUTHORIZATIO	N	
20. 1: FCC 214 Petition	2:	3:		

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