INTERNATIONAL SECTION 214 SPECIAL TEMPORARY AUTHORITY APPLICATION FCC FORM 214STA FOR OFFICIAL USE ONLY

APPLICANT INFORMATION Enter a description of this application to identify it on the main menu: Request of new or extension of existing STA to continue operations pending review of Section 214 Authorization application by Team Telecom. DOJ, on behalf of Team Telecom, approved the granting of an STA extension pending the conclusion of its process.

1. Appli	cant			
	Name:	KVH Services LLC	Phone Number:	(617) 563–3038
	DBA Name:		Fax Number:	(617) 217–0858
	Street:	c/o 82 Devonshire Street	E–Mail:	weekss@kvh.co.jp
	City:	Boston	State:	MA
	Country:	USA	Zipcode:	02109 –
	Attention:	Mr. Sidney H. Weeks		

2. Contact					
2. Contact					
	Name:	Janet Hernandez	Phone Number:	(703) 224.1501	
	Company:	TMG Legal, Inc.	Fax Number:	(703) 224–1511	
	Street:	1600 Wilson Blvd.	E-Mail:	janet@tmgtelecom.com	
		Suite 710A			
	City:	Arlington	State:	VA	
	Country:	USA	Zipcode:	22209 –	
	Contact Title:	President	Relationship:	Legal Counsel	
3. Pl	ace of Incorporati	ion of ApplicantDelaware			
	I	nd Place(s) of Incorporation			
See Attac	chment 2				
5. Service Type(s) (check all that apply)					
		obal Facilities–Based Authority			
Glob	oal or Limited Glo	obal Resale Authority (Section	63.18(e)(2))		
Indiv	vidual Facilities—l	Based Service (Section 63.18(e)(3))		
Indiv	Individual Switched Resale Service (Section 63.18(e)(3))				
Indiv	Individual Facilities—Based and Resale Service (Section 63.18(e)(3))				
Swit	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))					
Over	Overseas Cable Construction (Section 63.18(e)(3))				
Indiv	Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))				
Othe	Other (Section 63.18(e)(3))				

TYPE OF REQUI	EST			
6. New Reque	est	O Other	7. Date Authorization Needed: 05/21/2011	
If Yes, complete	Entity Noncommercial educ		for fee exemption (see 47 C.F.R.Section 1.1114).	
(If the complete desc	Request of new or expending review of Se	s box, please go to the tension of exi ction 214 Auth	ne end of the form to view it in its entirety.) isting STA to continue operations norization application by Team elecom, approved the granting of an	
	STA extension pending	g the conclusi	ion of its process.]
	provide justification of need f			
number [e.g., ITC-2		IB Submission ID of	any pending applications filed with the Commission, ent f the pending application [e.g., IB200311111] AND go t	

Applicant certifies that its responses to questions 11 through 17 are true:

12. 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).

13. 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.	● Yes	O No
14. 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
15. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applic direct and indirect shareholders or other equity holders, and identify any interlocking directorates.	ant's ten per	cent or greater
16. In Attachment 1, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.		
17. 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	O No
18. 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	O No

CERTIFICATION

19. Typed Name of Person Signing	20. Title of Person Signing			
Sidney H. Weeks	Secretary, KVH Services LLC			
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).				
21. 1: Attachment 1 2: Attachm	nent 2 3:			

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