

* Indicates required

FEDERAL COMMUNICATIONS COMMISSION

Additional Applicants/ITC-214-Supplement A

(Provide the Requested Additional Information for Each Applicant Covered by the Application Separately)

[See Instructions](#) [Print Form](#)

ITC Filing

1. Applicant Information

*FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2 Fax

City Email

State *Applicant/Licensee Legal Entity Type

Zip Code/Postal Code

Country

2. Contact Information

Check here if same as Licensee

FRN

Name Attention

Doing Business As (DBA) Title

Street Address Phone

Street Address 2 Fax

City Email

Contact State *Relationship

Zip Code/Postal Code

Country

*3. Identify the Government, State, or Territory under the laws of which a corporate or partnership the Applicant is organized.

Actions	(a) Applicant Name	(b1) Government where Applicant is Organized	(b2) State or Territory where Applicant is Organized
No data to display			

4. Does the Applicant have any 10% or greater direct or indirect foreign owners?

Yes
 No

Ownership Information

*5. Does any person or entity directly or indirectly hold 10% or more of the equity interests and/or voting interests, or a controlling interest, of the Applicant?

Yes
 No

Complete the table below and, in an attachment, provide a detailed ownership listing and ownership diagram, as required by [section 63.18\(h\)](#) of the Commission's rules.

5.a. Provide, in the fields below, the name, address, citizenship, and principal business of any person or entity that directly or indirectly holds at least 10% of the equity and/or voting interests or a controlling interest of the Applicant ("interest holder") and the percentage of equity and/or voting interests owned by each of those entities to the nearest 1%. Also provide, in an attachment, a detailed ownership listing and ownership diagram, as required by section 63.18(h) of the Commission's rules.

Actions	(a) Name of Individual or Entity that Directly or Indirectly Owns 10% or More of the Equity and/or Voting Interests of Applicant or Has a Controlling Interest ("Interest Holder")	(b) Address of Interest Holder	(c) Citizenship or Country of Incorporation of Interest Holder	(c)(1) Dual or More Citizenships (if applicable)	(d) Principal Business of Interest Holder	(e) Name of the Entity in Which the Interest Holder has a Direct 10% or More Equity and/or Voting Interest	(f) Equity Interest Held by Interest Holder (%)	(g) Voting Interest Held by Interest Holder (%)
No data to display								

*6. Will the Applicant have any interlocking directorates with a foreign carrier, pursuant to section 63.18(h) of the Commission's rules?

Yes
 No

In an attachment, identify the interlocking directorates pursuant to [section 63.18\(h\)](#) of the Commission's rules.

Note: If "no" was selected in Q6, then the following blue text box is displayed:

In an attachment, provide the information and certifications required by [47 CFR § 63.18\(i\) through \(m\)](#).

Foreign Carrier Affiliations

*7. Is the Applicant a foreign carrier or affiliated with a foreign carrier as defined in sections 63.09(d) and (e) of the Commission's rules?

Yes
 No

Complete the table below and, in an attachment, provide the information and certifications required by [section 63.18\(i\) through \(m\)](#) of the Commission's rules.

For column (c)(1), choose from one of the following options:

- (a) The applicant is a foreign carrier in that country.
- (b) The applicant controls a foreign carrier in that country.
- (c) Any entity that owns more than 25% of the Applicant, or that controls the Applicant, controls a foreign carrier in that country.
- (d) Two or more foreign carriers (or parties that control foreign carriers) own, in the aggregate, more than 25 percent of the Applicant and are parties to, or the beneficiaries of, a contractual relation (e.g., a joint venture or market alliance) affecting the provision or marketing of international basic telecommunications services in the United States; or
- (e) Non-standard affiliation (provide explanation).

*7.a. Provide the affiliation information below:

Actions	(a) Name of Foreign Carrier	(b) Country of Affiliation	(c)(1) Identify the Type of Affiliation	(c)(2) Explanation for non-standard Affiliation	(d) Does the Applicant seek to provide international telecommunications service to this country?	(e) Is this country a member of the World Trade Organization?
No data to display						

*8.b. Does the Applicant seek to be classified as non-dominant on any route listed in the application pursuant to section 63.10 of the Commission's rules?

Yes
 No

*8.e. The Applicant agrees to the requirements of section 63.10(c), (d) & (e) for the following routes:

If yes is selected in 8b, then the following is displayed:

*7.c. Identify the routes for which the Applicant is requesting to be classified as a "non-dominant" carrier.

*7.d. Has the Applicant uploaded an attachment providing information to demonstrate that it qualifies for non-dominant classification under section 63.10 of the Commission's rules?

Yes
 No

Waivers

*8. Does the Applicant request a waiver(s) of the Commission's rules?

Yes
 No

If yes, attach the request with a supporting narrative and documentation.

*8.a. Identify the rule section(s) for which a waiver is sought below.

[Empty text box for rule section(s)]

8.b. Attach a statement explaining the waiver request and identifying the rule number(s) involved:

* Attach File [icon]

Attachments

*9. The Applicant has uploaded an attachment to provide a detailed ownership listing and ownership diagram responding to section 63.18(h). [help icon]

Yes N/A

*10. The Applicant has uploaded an attachment identifying any interlocking directorates with a foreign carrier, pursuant to section 63.18(h) of the Commission's rules. [help icon]

Yes N/A

*11. The Applicant has uploaded an attachment providing the information and certifications required by section 63.18(i) through (m) of the Commission's rules. [help icon]

Yes N/A

*12. The Applicant has uploaded an attachment providing information to demonstrate that it qualifies for non-dominant classification under section 63.10 of the Commission's rules. [help icon]

Yes N/A

*13. The Applicant has uploaded a statement supporting the waiver request and identifying the rule number(s) involved, along with other material information.

Yes N/A

Attachments/Confidential Treatment of Attachments

14. Is the Applicant requesting confidential treatment of any part of this filing under section 0.459 of the Commission's rules? [help icon]

Yes No

The Applicant must upload a supporting statement for the "confidential treatment request(s)" identifying the applicable rule(s) and providing other supporting materials or information. The Applicant must also upload both the Redacted Public version and the Non-Redacted Confidential version of the attachment(s) *g, e Attachments section below.

15. The Applicant has uploaded the attachment(s) listed below.

Attachment No.	File Name	Description of Attachment	Confidential	Action
No Attached Files				

* Attach File [icon]

General Certification Statements

*16. In submitting this form,

The Applicant certifies that for any country in which the Applicant affiliated with a foreign carrier as defined in sections 63.09(d) and (e) of the Commission's rules that is not a member of the World Trade Organization, it has demonstrated in an attachment whether the foreign carrier has market power or lacks market power under the criteria in section 63.10(a) of the Commission's rules. [help icon]

The Applicant certifies that it will comply with the terms and conditions contained in sections 63.21 and 63.22 of the Commission's rules. [help icon]

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. [help icon]

The Applicant certifies that it has provided all the required information and certifications under section 63.18 of the Commission's rules.

The Applicant certifies that neither it nor any other party to the application is subject to a denial of Federal benefits, including FCC benefits, pursuant to section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 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. (This certification does not apply to applications filed in services exempted under § 1.2002(c) of the rules, or to Federal, State or local governmental entities or subdivisions thereof. See 47 CFR § 1.2002(c).)

The Applicant certifies that all of its statements made in this Application (including the Supplement-A) and in the attachments or documents incorporated by reference are material, are part of this Application, and are true, complete, correct, and made in good faith.

17. Party Authorized to Sign.

* First Name

[Text box for First Name]

MI

[Text box for MI]

* Last Name

[Text box for Last Name]

Suffix

[Text box for Suffix]

* Title

[Text box for Title]

* Signature

[Text box for Signature]

Date

[Text box for Date]

FAILURE TO SIGN THIS FORM MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID

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 LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503)

Save

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Required information

FRN	Applicant/Licensee Legal Entity Type	FRN	Relationship	3. Identify the Government, State, or Territory under the laws of which a corporate or partnership the Applicant is organized.	<input type="checkbox"/>	7.a. Provide the affiliation information below.		
7.e. The Applicant agrees to the requirements of section 63.10(c), (d) & (e) for the following routes:				8.a. Identify the rule section(s) for which a waiver is sought below.	First Name	Last Name	Title	Signature