Reset Form

APPLICATION FOR DIRECT MARKETING AUTHORITY BY A VIDEO SERVICE PROVIDER IN THE STATE OF INDIANA

State Form 55333 (7-13)
INDIANA UTILITY REGULATORY COMMISSION

Cause Number: _____

Applicant's Legal Name: _____

Applicant's Assumed Name(s):_____

Applicant's Principal Place of Business: _____

_____

Telephone Number: _____

Authorized Company Representative / Legal Counsel for this Application:

Name: _____

Title: _____

Address (*number and street, city, state and ZIP Code*): _____

_____

Telephone Number: _____Fax Number: _____

E-mail address: _____

Contact for Ongoing Communication Regarding Direct Marketing:

Name: _____

Title: _____

Address (*number and street, city, state and ZIP Code*): _____

_____

Telephone Number: _____Fax Number: _____

E-mail address: _____

Cause Number: _____

For <u>each</u> <u>employee</u> for which Applicant requests direct marketing authority, provide the following information and complete the certification below:

Full Name: _____

Home Address (*number and street, city, state and ZIP Code*): **_____**

_____

Driver's License Number: _____

<u>Certification</u>

I _____ certify that the above named employee satisfies the following statutory
(*the undersigned representative*)
requirements, described in Indiana Code § 8-1-34-30(e)(1).

Initial each item that is being certified.

1. **____The employee is at least eighteen (18) years of age.**
2. **____The employee has a high school diploma or the equivalent of a high school diploma.**
3. **____The employee has not been convicted of a felony within the seven (7) years immediately preceding the date of this application.**
4. **____The employee has not been released from incarceration after serving time for a felony conviction within the seven (7) years immediately preceding the date of this application.**
5. **____The employee has not been convicted of any of the following within the five (5) years immediately preceding the date of this application:**
   a. **____A misdemeanor involving fraud, deceit, or dishonesty;**
   b. **____battery as a misdemeanor; or**
   c. **____two (2) or more misdemeanors involving the illegal use of alcohol or the illegal sale, use, or possession of a controlled substance.**
6. **____The employee has a valid driver's license.**
7. **____This employee has been the subject of a criminal history background check for each jurisdiction in the United States in which the designated employee has lived or worked within the seven (7) years immediately preceding the date of this application; and**
8. **____The background check described in 7 above indicates that this employee satisfies the requirements set forth in requirements 1 – 6 above.**

_____	_____	_____
Signature of Company Representative	Title	Date *(month, day, year)*

Cause Number: _____

Local Ordinances & Regulations

1. In which areas of the State of Indiana does the Applicant plan to conduct direct marketing?

_____

_____

_____

2. Will Applicant make a good faith determination whether any political subdivision covered in the Applicant's response to Question #1, above, has in effect any Ordinances or Regulations, as referenced in Indiana Code § 8-1-34-30(k), that impose uniformly-applied restrictions on the hours or manner in which their direct marketing activities may be performed?

_____

_____

3. Will Applicant comply with such Ordinances or Regulations?

_____

_____

Proof of Financial Responsibility

I _____ certify that Holder, _____ has taken the following steps (*attach proof as an Appendix*) to ensure financial responsibility for any liability incurred by the holder or its employees that may occur as a result of any direct marketing activities performed under the authority granted pursuant to this Application.

_____

_____

_____

_____

_____

_____

_____	_____	_____
Signature of Company Representative	Title	Date *(month, day, year)*

Cause Number: _____

Roster of Eligible Employees for which Certification is Provided

Last Name	**First Name**	**Last four digits of Driver's License Number**	**Date Granted** *(month, day, year)*	**Date Deleted** *(month, day, year)*