Reset Form

Print Form

APPLICATION FOR A CERTIFICATE OF FRANCHISE AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA

State Form 52712 (R3 / 8-11)
INDIANA UTILITY REGULATORY COMMISSION

Certificate No. _____ - VSP - _____
(Extension)

Applicant's Legal Name: _____

Applicant's Assumed Name(s):_____

Authorized Company Representative / Legal Counsel for this Application:

Name: _____

Title: _____

Address: _____
_____

Telephone: _____Fax: _____

E-mail address: _____

Contact for Ongoing Communication:

Name: _____

Title: _____

Address: _____
_____

Telephone: _____Fax: _____

E-mail address: _____

_____
Applicant Name

_____
Certificate No.

Please provide the following information:

1. Applicant's Legal Name:_____

2. Name(s) under which Applicant will provide video service in the State of Indiana:
(**NOTE**: The certificated name can be the Applicant's legal name or an assumed name (i.e. dba) as long as the requested name is registered with the Secretary of State of Indiana. The Certificate holder must use only the name and assumed names set forth in its Certificate on bills, advertisements or communications with the public and the Commission. Name changes or additional assumed names require notification to the Commission.)

_____
_____
_____

3. Principal Place of Business: _____
(Street Address)

_____ _____ _____
(City) (State) (Zip Code)

_____ _____
(Telephone #) (Fax#)

4. Toll free customer service telephone number(s):

_____

5. Principal Officers: (e.g., corporate officers, partners, or members depending on the structure of the organization)

Name: _____
Title: _____

Name: _____
Title: _____

Name: _____
Title: _____

6. Parent Company (if applicable):

Legal Name: _____

Title: _____

Address: _____

Telephone: _____ Fax: _____

7. What type(s) of technology will be used to deploy the video service? (e.g. copper, coax, fiber, satellite, wireless) Please list the technology to be used in each service area.

_____
_____
_____
_____

8. What types of video programming will applicant provide to its customers? Please provide service levels of video programming (e.g. basic, CPS, premium, pay-per-view, etc.).
NOTE: "CPS" refers to the "cable programming service" as defined at 47 C.F.R. §76.901(b) which refers to any video service provided over a system other than basic, pay-per-view and premium.

_____
_____
_____
_____
_____

9. Provide a detailed description of the Designated Service Area (DSA) in Indiana for which Applicant seeks authority to provide video service. Include a table with the following column headings: 1) DSA number and name; 2) County, Township; 3) Local Units; and 4) Zip Codes. For each proposed DSA, the table should be populated with the names of any affected geographic counties, township(s), local units of government (e.g. cities, towns, or unincorporated of counties) and zip codes. Also include a map(s) showing the DSA(s). Maps(s) should be of sufficient detail to clearly discern the distance between the boundaries of the proposed DSA relative to adjacent roads/streets, county boundaries, or natural features (e.g. rivers). While not strictly required, the use of roads/streets, county or township boundaries or other man-made or natural features for the boundaries of the proposed DSA(s) will greatly facilitate the Commission's processing of the franchise application. Incumbent video providers should also indicate any areas where they are already providing service under a terminated local franchise agreement.
NOTE: If, at a subsequent date, the applicant wishes to add an additional DSA, the applicant must file an additional Application. Increases or decreases to the territory within an existing DSA, for which the applicant has a Certificate of Franchise Authority, can be made by filing a Notice of Change with a detailed description of the change including an updated table and map. Deployment of service within an existing DSA, for which the applicant has a Certificate of Franchise Authority, does not require a Notice of Change.

_____
_____
_____
_____
_____
_____
_____
_____

10. Was video service offered previously under a local franchise agreement(s) in any of the DSA(s) described in 9 above? If so, please indicate the date service was initially deployed. If not, please indicate the expected date for deployment of video services under this proposed state franchise.
_____
_____

11. Will the Applicant terminate any local franchises upon the issuance of a Certificate of Franchise Authority under this Application?
_____
If so, please attach a list of: (a) the franchises to be terminated by this Application; (b) the name(s) of the unit(s) and unincorporated area(s) in the DSA(s) described in #9 above; and (c) the number of PEG channels, as defined in I.C.8-1-34-25(b), required under each franchise and for each unit and unincorporated area(s) listed in (a) and (b). A copy of the written notice to the affected unit(s) and unincorporated area(s), pursuant to I.C.8-1-34-20(b) and 21(c), must be provided to the Commission at the same time it is provided to the affected unit(s) and unincorporated area(s).

12. Please list all other states in which Applicant or its affiliate(s) provide(s) video service.
_____
_____

13. What other types of certifications does Applicant or its affiliates hold with the Indiana Utility Regulatory Commission? _____
_____
_____

14. Please describe the process Applicant will use to resolve customer complaints or disputes.
_____
_____
_____
_____

15. Please provide contact information for the person to whom customer complaints or disputes received at the Commission should be directed by Commission staff.
Name: _____
Title: _____
Address: _____
_____
Telephone: _____ Fax: _____
E-mail address: _____

_____
Applicant Name

_____
Certificate No.

As a condition of receipt of a Certificate of Franchise Authority under I.C. 8-1-34-16, the holder of the Certificate is required to do the following:

1. Notify the Commission of any changes involving the holder or the Certificate which are required by I.C. 8-1-34;

2. Provide notice to any unit(s) and unincorporated area(s) located within the DSA(s) described in this application, that the applicant intends to provide video service within the unit(s) and unincorporated area(s) (not later than 10 days before beginning to provide service). Notice shall be simultaneously provided to the Commission;

3. Provide advance notice to affected customers in the event of a change in rates and charges for video service, pursuant to any subsequent rules adopted by the Commission;

4. Provide advance notice to affected customers in the event that the holder will cease to offer video service or any specific video programming that it currently offers in any of the applicant's DSA(s) in Indiana, pursuant to any subsequent rules adopted by the Commission;

5. Provide an annual report on March 1st of each year indicating changes in video programming or other programming service during the previous calendar year through December 31st. Include deleted programming and the service area affected as well as new programming and the service area affected;

6. File biennially (on March 1st of each odd-numbered year) with the Commission, an updated map for each authorized DSA, showing the portion of the authorized DSA at the census block group level and a list of those census block groups in which the provider is actually offering service as of the end of the prior year. The first such map is due on the next biennial deadline occurring at least sixty (60) days after receiving the Certificate of Franchise Authority. Following the filing of the first map for an authorized DSA, if in any two-year period there is no change to the portion of the authorized DSA in which the provider is actually offering service, then the provider must file a statement with the Commission that no charge has occurred in that particular DSA, referencing the appropriate Certificate Number. The provider does not need to file a map for that DSA for that biennial filing;

7. Ensure that access to its video service is not denied to any group of potential residential video subscribers because of the income of the residents of the local area in which such group resides, as required by 47 USC 541(a)(3);

8. Pay and perform any and all obligations owed to any private person as required by I.C. 8-1-34-22; and

9. Comply with the requirements regarding PEG channels outlined in I.C. 8-1-34-25, 26, 26.5, and 27, including any PEG channel capacity, facilities or financial support that may be required by the Commission upon petition of a unit or unincorporated area included in the applicant's DSA under the Certificate, or upon the Commission's own motion, at the time of, or subsequent to, issuance of the Certificate.

_____
Applicant Name

_____
Certificate No.

AFFIDAVIT

STATE OF _____)
) SS.
COUNTY OF _____)

My name is _____. I am an Officer, Member, a General Partner or other authorized representative of _____ [Applicant]. My personal knowledge of the facts stated herein has been derived from my employment with _____ [Applicant].

I swear or affirm that I have personal knowledge of the facts stated in this Application for a State-Issued Certificate of Franchise Authority to provide video service, that I am competent to testify to them, and that I have the authority to make this Application on behalf of and to bind the Applicant. I further swear or affirm that _____ [Name of Applicant]:

a. has filed or will timely file with the Federal Communications Commission all forms required by that agency in advance of offering video service in Indiana;

b. agrees to comply with all applicable federal and state statutes, rules, and regulations applicable to the operation of the applicant's video service system;

c. agrees to comply with any local ordinance or regulation governing the use of public rights-of-way in the delivery of video service, and recognize the police powers to enforce the ordinance or regulation, of the units and unincorporated areas in which the service is delivered;

d. agrees to pay and perform any obligations owed to any private person (I.C. 8-1-34-22);

I swear or affirm that all of the statements and representations made in this Application for a Certificate of Franchise Authority are true and correct. I also swear or affirm that the _____ [Name of Applicant] understands and will comply with all requirements of law applicable to a Video Service Provider's State-Issued Certificate of Franchise Authority.

_____
Signature and Title

_____
Typed or Printed Name and Title

SUBSCRIBED AND SWORN to before me on the _____ day of _____, 20___.

_____
Notary Public In and For the
State of _____

My Commission expires: _____