Reset Form

VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO PROVIDE COMMUNICATIONS SERVICES WITHIN THE STATE OF INDIANA
(As addressed in I.C. 8-1-32.5-12)
State Form 50739 (R7 / 11-19)
INDIANA UTILITY REGULATORY COMMISSION

Applicant shall file using the IURC's Electronic Filing System at https://iurc.portal.in.gov.

Tracking number: _____ ***(IURC use only)***

Name of the holder of the Certificate: _____

Please list the types of communications services currently authorized in Indiana and the Cause Number(s) under which they were authorized:

_____

_____

Please indicate the type of change(s) requested in this filing:

___ Change in Ownership, Operation, Control or Corporate Organization of the Provider, including Merger, Acquisition or Reorganization (#1)
___ Name Change or Adoption of or Change to an Assumed Business Name or Change in Parent Company Name, etc. (#2)
___ Change in Provider's Principal Business Address or Change of the Person Authorized to Receive Notice on Behalf of the Provider (#3)
___ Sale, Assignment, Lease or Transfer (#4)
___ Relinquishment of Provider of Last Resort Status (#5)
___ Relinquishment of Certificate (#6)
___ Change in One or More of the Service Areas Identified in the Provider's Certificate of Territorial Authority (CTA) application that Would Increase or Decrease the Territory within the Service Area (#7)
___ Change in Type of Communications Service Provided in One or More of the Service Areas Identified in the Provider's Application for Certificate of Territorial Authority (#8)

Complete the sections below that correspond to the type of changes marked above.

Please check all boxes and complete all blanks that apply, and attach any supporting documents.

1. ☐ Change in Ownership, Operation, Control or Corporate Organization of the Provider, including Merger, Acquisition, or Reorganization

a. Please provide a description of transaction: _____

_____

_____

b. Effective date (*month, day, year*): _____

2. ☐ Name Change or Adoption of, or Change to, an Assumed Business Name or Change in Parent Company Name, etc.

a. Existing name:_____
b. New name:_____

c. Alias or d/b/a name:_____

For a name change, please provide the following*: (Attach additional sheets as necessary.)*

- The reason for the name change or d/b/a and the effect on the operations and/or the utility's customers.
- A certified copy of the amended certificate of authority or certificate of assumed business name issued by the Indiana Secretary of State.
- Method by which the company's customers were or will be notified of the proposed name change or assumed name to alleviate customer confusion and prevent baseless slamming complaints. (*Attach copy of bill insert, notice, etc.*)

3. ☐ Change in Provider's Principal Business Address or Change of the Person Authorized to Receive Notice on Behalf of the Provider

a. Principal business office address *(street address, city, state, and ZIP code)*:_____
_____

1) Main business telephone number:_____
2) Toll-free customer service telephone number:_____
3) E-mail address:_____
4) Fax number:_____
5) Mailing address, if different from principal/business address *(street address, city, state, and ZIP code)*:_____
_____

b. Name and title of person authorized to receive notice:_____
_____

1) Telephone number:_____
2) Email address:_____
3) Fax number:_____
4) Mailing address *(street address, city, state, and ZIP code)*:_____
_____

4. ☐ Sale, Assignment, Lease or Transfer

Subject to any notice requirements adopted by the Commission under IC 8-1-32.5-12, a CTA pursuant to IC 8-1-32.5-10 may be: 1) sold, assigned, leased, or transferred by the holder to any communications service provider to which a CTA may be lawfully issued; or 2) included in the property and rights encumbered under any indenture of mortgage or deed of trust of the holder.

a. Are you seeking to encumber or have you encumbered the CTA through a mortgage or deed, as stated above ☐ Yes ☐ No?

The transferee company name and Indiana d/b/a:
_____
(If answering YES in Question a., write "not applicable.")

Transferee Contact Person and Title:_____
Telephone number:_____ Fax number:_____
Mailing address *(street address, city, state, and ZIP code)*:_____
_____
E-mail address:_____

b. If customers are being transferred, please provide the method by which the company's customers were or will be notified of the transfer pursuant to 47 CFR 64.1120(e)(3).

_____

c. Does transferee have a current Indiana CTA? ☐ Yes ☐ No

- If yes, please provide the Cause Number(s): _____
- If no, please complete the Transfer CTA application in **Attachment A** and include it with this filing.

5. ☐ **Relinquishment of Provider of Last Resort (POLR) Status** *(Pursuant to IC 8-1-32.4-17, Notice by incumbent local exchange carrier, does not require thirty (30) day notice.)*

- Please include information with respect to the portion of its service area in which the incumbent local exchange carrier (ILEC) seeks to be relieved of its provider of last resort obligation.
- Please provide as much information as possible regarding the portion of the service area for which POLR status is being relinquished. (e.g. list of exchanges or census blocks; shapefile(s) of relinquishment area if available)

6. ☐ **Relinquishment of Certificate** *(Not applicable to telecommunications providers of last resort pursuant to IC 8-1-32.4.)*

a. Reason for CTA Relinquishment:_____

_____

_____

(*Attach additional sheets as necessary.*)

b. Please identify any other Indiana CTA(s) currently held by Applicant -- by Cause Number, type, and date issued -- that will be retained.

_____

_____

c. For each service for which Applicant is relinquishing its CTA, please provide the number of residential and business customers that Applicant currently serves in Indiana.

_____

_____

d. For each service for which Applicant is relinquishing its CTA, please provide the method by which Applicant's customers were or will be notified that Applicant is relinquishing its CTA and provide a copy of the notice.

_____

_____

e. For each service for which Applicant is relinquishing its CTA, how much time will Indiana customers have to find a new provider after receipt of notice before Applicant's operations cease? To the extent your answer varies by service territory or location, please provide a clear, detailed response.

_____

_____

7. ☐ Change in One or More of the Service Areas Identified in the Provider's CTA application that Would Increase or Decrease the Territory within the Service Area[1].

(This requirement is not applicable to communication service providers (CSPs) that only offer a service(s) described in IC 8-1-2.6-1.1.)

_____
_____
_____
_____

(*Attach additional sheets as necessary*)

8. ☐ Change in Type of Communications Service Provided in One or More of the Service Areas Identified in the Provider's Application for Certificate of Territorial Authority.

_____
_____

Above, please list the types of communications services you ***propose to offer*** *in Indiana that you are not currently authorized to offer under your existing CTA or certificate of public convenience and necessity (CPCN).*

_____
_____

Above, please list the types of communications services currently authorized under your CTA or CPCN that you ***wish to cease offering*** *in Indiana.*

a. Please describe the geographic area(s) for which the applicant proposes to provide the new or changed services listed above (i.e. county, city, or rate center). If the applicant provides service through a local video franchise agreement, please provide the issuing franchise authority and expiration date.

_____
_____
_____

b. For each type of service identified above, please list whether the communications service will be offered to residential customers, business customers, or both.

_____
_____
_____

c. If applicant proposes offering new services, please provide an estimated date of deployment (year and quarter) for each service area and each service type within that area for which the applicant seeks authority. The services listed in this response should be consistent with the services listed above.

_____
_____
_____

d. Does the applicant propose to offer facilities-based local exchange service?

_____

e. Will applicant offer stand alone basic telecommunications service for a flat monthly rate per IC 8-1-2.6-0.1?

_____

1 Providers of Last Resort may not use this process to reduce service territory. Providers of Last Resort must use the process specified in IC 8-1-32.4.

f. Is applicant offering or proposing to offer, only wholesale communications services (to other providers), only retail communications services (including facilities-based and resold services), or both?

_____

Designated Regulatory or Customer Service Contact Information

Include name, title, mailing address, telephone and fax numbers, and e-mail address for the designated regulatory or customer service contact person *responsible for ongoing communications* with the Commission:

_____

_____

_____

Designated Contact Information for *this* Notice of Change Only

Include name, title, mailing address, telephone and fax numbers, and e-mail address for the designated contact person for *this* Notice of Change:

_____

_____

_____

_____

VERIFICATION

I, as an authorized corporate officer or person authorized to bind the company, affirm under penalties of perjury that the foregoing representations are true.

Printed Name and Title: _____

Signature: _____

Date Signed *(month, day, year)*: _____

Telephone number: _____

IURC ACKNOWLEDGEMENT

Notice of Change number: _____

Date of Acknowledgement *(month, day, year)*: _____

_____
Applicant Name

_____
Certificate Number

ATTACHMENT A

INDIANA UTILITY REGULATORY COMMISSION
APPLICATION FOR TRANSFER OF A CERTIFICATE OF TERRITORIAL AUTHORITY FOR COMMUNICATIONS SERVICE PROVIDERS
As addressed in IC 8-1-32.5-10

This form is only required when the applicant checks item 4 in the Verified Notice of Change form (Sale, Assignment, Lease or Transfer) and the transferee does not have a current Indiana CTA. ***If you are only encumbering your CTA (as described in IC 8-1-32.5-10 and discussed above) but you are not selling, assigning, leasing, or transferring your CTA, you are not required to complete Attachment A.***

Tracking number_____ **(***IURC use only***)**
(from Notice of Change)

_____ **requests to transfer the CTA originally issued to**
(transferee)

_____ **in Cause Number:** _____ **dated:** _____.
(*transferor*) *(month, day, year)*

I. Contact Information for Transferee of CTA

A. Legal name of company:
_____

B. Name (s) under which the company will be marketing services in Indiana:
(*Company names, including "doing business as" must be registered with Indiana Secretary of State.*)
_____
_____

C. Company address:
_____
_____
Main telephone number: _____ Fax number: _____
E-mail address: _____
Website address: _____

D. Parent company's legal name, address, and telephone number (*if applicable*):
_____
_____
(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)

E. Name, title, and other contact information of company's contact person for ongoing communications with the commission (*including regulatory affairs and/or customer service information*):

Contact name and title: _____
Telephone number: _____ Fax number: _____

Mailing address *(number and street, city, state, and ZIP code)*: _____
_____
E-mail address: _____

F. Name, title, and other contact information of attorney or contact person for this application, if different from E. above:

Contact name and title: _____
Telephone number: _____ Fax number: _____
Mailing address *(number and street, city, state, and ZIP code)*: _____
_____
E-mail address: _____

II. Contact Information for Transferor of CTA

A. Legal name of company: _____
B. Any Aliases or d/b/a names used in Indiana: _____
_____

III. Service Information

(*Add additional sheets if necessary.*)

Pursuant to IC 8-1-32.5-6(e), a CSP that is only offering a service(s) described in IC 8-1-2.6-1.1 is only required to report and certify the accuracy of some of the information requested in this form. Not all portions of the form are applicable to such a CSP. **See Appendix A**

In Indiana, will Applicant ONLY offer communications services described in IC 8-1-2.6-1.1?

Check one: ☐ **YES** ☐ **NO**

PLEASE NOTE: All CSPs *must complete* a Verified Notice of Change form if the answer to this question changes at any time subsequent to completing this form. The Notice of Change form is currently available on the Commission's website: www.in.gov/iurc/2400.htm.

A. Will the types of services (e.g. Telecommunications, Information, and/or Video Services) offered by the Transferee be the same as those granted to the Transferor in the above referenced CTA? If not, what additional or different types of service will be offered?

_____
_____

B. Will the service area of the Transferee be the same as the Transferor? *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*

_____
_____

C. Will the communications services be offered by Transferee to the same customers types (e.g. residential, business customers, or both) as the Transferor? *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*

_____

_____

D. If Transferee's service offerings will not be immediately available, please provide an estimated date of deployment (year and quarter) for each service area and each service type within that area for which the Transferee will provide service. *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*

_____

_____

E. Will the transferee operate as a Local Cooperative Corporation pursuant to IC 8-1-17-3? *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*

_____

(*If yes, please submit three (3) original articles of incorporation as required by IC 8-1-17-5 et seq.)*

F. Please list other states in which the transferee is authorized to provide communications services and the type of services offered. *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*

_____

_____

IV. Additional Requirements

1. The transferee represents that it will comply with all the conditions of the CTA issued to transferor and all other applicable requirements under state and federal law.
2. If customers are being transferred, please provide the method by which the customers were or will be notified that their provider is changing and what options are available to them pursuant to FCC rules regarding bulk transfers of customers.

V. Attachments

<u>The following information must be included with this application:</u>

1. Transferee's certification from the Secretary of State authorizing the applicant to do business within the State of Indiana. *See,* IC 8-1-32.5-6(b)(1).
2. Information demonstrating the financial, managerial and technical ability to provide each communication service identified in the application. *See,* IC 8-1-32.5-6(b)(2). *(This requirement is not applicable to CSPs that will only offer a service(s) described in IC 8-1-2.6-1.1.)*
    a. The applicant's most recent financial statement or balance sheet, or that of the parent company, if separate Indiana operations have not yet been established.
    b. Biographies of the applicant's corporate officers responsible for Indiana indicating managerial and technical qualifications.
3. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant. (*VI. Application Verification)*

VI. Application Verification

As representative of the **Transferee**, I affirm under the penalties of perjury that the above representations made in this application are true.
(*Must be signed by an officer of the company.*)

_____
Signature and Date (*month, day, year*)

_____
Name and Title (*printed or typed*)

As representative of the **Transferor**, I affirm under the penalties of perjury that it is the intention of transferor to transfer the above described CTA to transferee.
(*Must be signed by an officer of the company.*)

_____
Signature and Date (*month, day, year*)

_____
Name and Title (*printed or typed*)

_____
Applicant Name

_____
Certificate Number

VII. AFFIDAVIT

<u>All CSP CTA Transferees who do not currently have a CTA</u> must complete the affidavit below (see IC 8-1-32.5-6(b)(3)):

I, _____ (*print name*), as an authorized corporate officer or person authorized to bind _____ (*company name*), affirm under penalty of perjury that:

a) Applicant has filed or will timely file with the Federal Communications Commission ("FCC") all forms required by the FCC;

b) Applicant agrees to comply with customer notification requirements of the Commission pursuant to IC 8-1-32.5-6(b)(3)(B) and 8-1-32.5-11(b)[2];

c) Applicant (including providers of commercial mobile service[3]) agrees to update the information provided in the application on a regular basis pursuant to IC 8-1-32.5-12;

d) Applicant agrees to notify the Commission when the applicant commences offering communications service in each service area identified in the application (Pursuant to IC 8-1-32.5-6(e), this requirement is not applicable to CSPs that only offer a service(s) described in IC 8-1-2.6-1.1.);

e) Applicant agrees to pay lawful rates or charges for switched and special access services required by:
   - applicable interconnection agreements; or
   - lawful tariffs or orders approved or issued by a regulatory body having jurisdiction.

f) Applicant agrees to report, at the time requested by the Commission, information required under IC 8-1-2.6-13(c)(9) (This requirement is not applicable to "a provider of commercial mobile service", per IC 8-1-2.6-13(c)(9).)

_____ _____
Signature Date *(month, day, year)*

_____
Title

Subscribed and Sworn to before me, a Notary Public, this _____ day of _____, A.D. 20____

_____
Signature

_____
Printed Name

My Commission Expires *(month, day, year)*: _____

State of Indiana, County of: _____

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[2] This is not applicable to "a provider of commercial mobile service" per IC 8-1-32.5-11(b).

[3] There is an exception in IC 8-1-32.5-12(6) to the information that "a provider of commercial mobile service" must provide. This exception does not apply to the other subdivisions in IC 8-1-32.5-12.