



**VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO PROVIDE COMMUNICATIONS SERVICES WITHIN THE STATE OF INDIANA**

State Form 50739 (R9 / 05-24)  
INDIANA UTILITY REGULATORY COMMISSION

Please complete this state form for a verified notice of change in a Certificate of Territorial Authority (CTA) to provide communications services, as addressed in Ind. Code § 8-1-32.5-12.

Applicant shall submit, via the [IURC's Electronic Filing System](#), as Filing Type, "General Submission" and General Submission Type, "Communications Non-Docketed Filing". For more info, view page 28 of the [User Manual](#).

**Notice of Change 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 and, if applicable, the Communications Service Provider (CSP) notice of change tracking number 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 that holds the CTA**, including Merger, Acquisition or Reorganization (#1)
- Name Change or Adoption of or Change to an Assumed Business Name or Change in Parent Company Name (#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 of the CTA (#4)
- Encumbrance of the CTA (#5)
- Relinquishment of **Provider of Last Resort** Status (#6)
- Relinquishment of **Certificate** (#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 (#8)
- Change in Type of Communications Service Provided in One or More of the Service Areas Identified in the Provider's Application for CTA (#9)

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 that Holds the CTA, including Merger, Acquisition, or Reorganization**

a. Provide a description of transaction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Effective date (month, day, year): \_\_\_\_\_

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

- a. Existing name: \_\_\_\_\_
- b. New name: \_\_\_\_\_
- c. Alias or d/b/a name: \_\_\_\_\_

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

- 1) The reason for the name change or d/b/a and the effect on the CSP's operations and/or customers.
- 2) A certified copy of the amended certificate of authority or certificate of assumed business name issued by the Indiana Secretary of State.
- 3) 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 phone: \_\_\_\_\_ 2) Fax: \_\_\_\_\_
- 2) Toll-free customer service phone: \_\_\_\_\_
- 3) Email: \_\_\_\_\_
- 5) Mailing address, if different from principal business office address *(street address, city, state, and ZIP code)*:  
\_\_\_\_\_

- b. Name and title of person authorized to receive notice: \_\_\_\_\_

- 1) Phone: \_\_\_\_\_ 2) Fax: \_\_\_\_\_
- 3) Email: \_\_\_\_\_
- 4) Mailing address *(street address, city, state and ZIP code)*:  
\_\_\_\_\_

4.  **Sale, Assignment, Lease, or Transfer of the CTA**

*Subject to any notice requirements adopted by the Commission under Ind. Code 8-1-32.5-12, a CTA pursuant to Ind. Code 8-1-32.5-10 may be: sold, assigned, leased, or transferred by the holder to any communications service provider to which a CTA may be lawfully issued.*

- a. The transferee company name and Indiana d/b/a: \_\_\_\_\_
- b. Transferee contact person and title: \_\_\_\_\_
  - 1) Phone: \_\_\_\_\_ 2) Fax: \_\_\_\_\_
  - 3) Email: \_\_\_\_\_

4) Mailing address (*street address, city, state and ZIP code*):

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c. If customers are being transferred, 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):

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d. Does transferee have a current Indiana CTA?  Yes  No

1) If "Yes", provide the cause number(s): \_\_\_\_\_

2) If "No", complete the transfer CTA application in **Attachment A** below, and include it with this filing.

5.  **Encumbrance of the Certificate**

*Subject to any notice requirements adopted by the Commission under Ind. Code 8-1-32.5-12, a CTA pursuant to Ind. Code 8-1-32.5-10 may be: 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

6.  **Relinquishment of Provider of Last Resort (POLR) Status**

*Pursuant to Ind. Code § 8-1-32.4-17, notice by incumbent local exchange carrier, does not require thirty (30) day notice. This section is not applicable for CSPs seeking to relinquish CTAs.*

a. 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: (*Attach additional sheets as necessary.*)

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b. 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: (*Attach additional sheets as necessary.*)

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7.  **Relinquishment of Certificate**

*Not applicable to relinquishment of POLR status pursuant to Ind. Code § 8-1-32.4.*

a. Reason for CTA relinquishment: (*Attach additional sheets as necessary.*)

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b. Identify any other Indiana CTA(s) currently held by Applicant that will be **retained**, by cause number or CSP notice of change tracking number, type(s) of communications service(s) authorized by the IURC, and date issued:

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Applicant Name

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Certificate Number

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

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- d. For each service for which Applicant is relinquishing its CTA, 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.

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- 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.

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8.  **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**

*This requirement is not applicable to CSPs that only offer a service(s) described in Ind. Code § 8-1-2.6-1.1. A POLR must use the process specified in Ind. Code § 8-1-32.4 to reduce service territory.*

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9.  **Change in Type of Communications Service Provided in One or More of the Service Areas Identified in the Provider's Application for CTA.**

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):

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List the types of communications services currently authorized under your CTA or CPCN that you **wish to cease offering** in Indiana:

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- a. 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, provide the issuing franchise authority and expiration date.

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Applicant Name

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Certificate Number

- b. For each type of service identified above, list whether the communications service will be offered as a telecommunications service or an information service.  
*Applicants should not classify the same service as both a telecommunications service and an information service. This specifically applies to, but is not limited to, VoIP services or other "IP-enabled services."*

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- c. For each type of **retail service** identified above, list whether the communications service will be offered to residential customers, business customers, or both.

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- d. If applicant proposes offering new services, 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.

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- e. Does the applicant propose to offer facilities-based local exchange service?  Yes  No

- f. Is applicant offering or proposing to offer **only wholesale** communications services (to other providers/carriers), **only retail** communications services to its own end user retail customers (including facilities-based and resold services), or **both wholesale and retail** communications services?

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**Designated Regulatory or Customer Service Contact Information**

Provide the contact information for the designated regulatory or customer service contact person responsible for ongoing communications with the Commission.

Name and title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address (*street address, city, state, and ZIP code*):  
\_\_\_\_\_

**Designated Contact Information for *this* Notice of Change Only**

Provide contact information for the designated contact person for this notice of change.

Name and title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing address (*street address, city, state, and ZIP code*):  
\_\_\_\_\_

**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.

Signature: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Date signed (*month, day, year*): \_\_\_\_\_

Phone: \_\_\_\_\_

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**IURC ACKNOWLEDGEMENT**

*IURC use only*

Notice of change tracking 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 Ind. Code § 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 of the Certificate) and the transferee does not have a current Indiana CTA. If you are only encumbering your CTA (as described in Ind. Code § 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.*

**Notice of change tracking number:** \_\_\_\_\_ *(IURC use only)*

\_\_\_\_\_ *(transferee)* requests to transfer, through sale, assignment, lease, or other type of transfer, the CTA originally issued to \_\_\_\_\_ *(transferor)*

**in Cause Number:** \_\_\_\_\_ **dated:** \_\_\_\_\_ *(month, day, year).*

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**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 *(street address, city, state and ZIP code):*

\_\_\_\_\_

Main phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

D. Parent company information:  
*This requirement is not applicable to CSPs that only offer a service(s) described in Ind. Code § 8-1-2.6-1.1.*

Legal name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company address *(street address, city, state and ZIP code):*

\_\_\_\_\_

E. Company's contact for ongoing communication with the commission, including regulatory affairs and/or customer service:

Name and title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address *(street address, city, state and ZIP code):*

\_\_\_\_\_

F. Contact information of attorney or other person for this application, if different from E.:

Name and title: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (*street address, city, state and ZIP code*):  
\_\_\_\_\_

## 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 Ind. Code § 8-1-32.5-6(e), a CSP that is only offering a service(s) described in Ind. Code § 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 "Instructions for Certificate of Territorial Authority and Notice of Change for CSPs", which is available on the Commission's website under [Administrative Materials and Forms](#).*

**In Indiana, will Applicant ONLY offer communications services described in Ind. Code § 8-1-2.6-1.1?**

Yes    No

*Each CSP **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 for CSPs is currently available on the Commission's website under [Administrative Materials and Forms](#).*

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 that of the transferor?

*This requirement is not applicable to CSPs that will only offer a service(s) described in Ind. Code § 8-1-2.6-1.1.*  
\_\_\_\_\_  
\_\_\_\_\_



- C. Will the transferee offer the proposed communications services to the same customer types (e.g. residential, business customers, or both) as the transferor?  Yes  No

If “No”, explain what will be different for the transferee:

*This requirement is not applicable to CSPs that will only offer a service(s) described in Ind. Code § 8-1-2.6-1.1.*

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- D. Will the transferee offer the proposed communications services on the same “wholesale vs. retail” basis as the transferor (i.e., only to the transferee’s end user retail customers, only on a wholesale basis to other carriers or providers, or on both a wholesale and a retail basis)?  Yes  No

If “No”, explain what will be different for the transferee:

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- E. If transferee’s service offerings will not be immediately available, 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 Ind. Code § 8-1-2.6-1.1.*

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- F. Will the transferee operate as a local cooperative corporation pursuant to Ind. Code § 8-1-17-3?

*A CSP that will only offer a service(s) described in Ind. Code § 8-1-2.6-1.1 is not required to answer this question.*

Yes  No

If yes, submit three (3) original articles of incorporation as required by Ind. Code § 8-1-17-5 et seq.

- G. 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 Ind. Code § 8-1-2.6-1.1.*

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#### 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, 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

The following information must be included with this application:

1. Transferee's certification from the Secretary of State authorizing the applicant to do business within the State of Indiana. See, Ind. Code § 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, Ind. Code § 8-1-32.5-6(b)(2).  
*This requirement is not applicable to CSPs that will only offer a service(s) described in Ind. Code § 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)*
4. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant.  
*(VII. Affidavit)*

### 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.*

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Signature

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Date (month, day, year)

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Name and title

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.*

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Signature

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Date (month, day, year)

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Name and title

**VII. Affidavit**

**All CSP CTA Transferees who do not currently have a CTA must complete the following affidavit:**

*See Ind. Code § 8-1-32.5-6(b)(3)*

I, \_\_\_\_\_ (*printed 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 Ind. Code § 8-1-32.5-6(b)(3)(B) and 8-1-32.5-11(b).<sup>1</sup>
- c) Applicant (including providers of commercial mobile service<sup>2</sup>) agrees to update the information provided in the application on a regular basis pursuant to Ind. Code § 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 Ind. Code § 8-1-32.5-6(e). *This requirement is not applicable to CSPs that only offer a service(s) described in Ind. Code § 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 Ind. Code § 8-1-2.6-13(c)(8) *This requirement is not applicable to “a provider of commercial mobile service”, per Ind. Code § 8-1-2.6-13(c)(8).*

\_\_\_\_\_  
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 \_\_\_\_\_

<sup>1</sup> *This requirement is not applicable to “a provider of commercial mobile service”.*

<sup>2</sup> *There is an exception in Ind. Code § 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 Ind. Code § 8-1-32.5-12.*