

### Public Utility Commission of Texas

1701 N. Congress Avenue P. O. Box 13326 Austin, Texas 78711-3326 (512) 936-7000 • (Fax) 936-7003 Web Site: www.puc.state.tx.us

## INSTRUCTIONS FOR THE INITIAL APPLICATION OR AMENDMENT OF A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)

Pursuant to PURA Section 66.003, any entity or person seeking to provide cable or video service in this state after September 1, 2005, shall file an application for a State-Issued Certificate of Franchise Authority (SICFA) with the Public Utility Commission of Texas (Commission).

An Application (New or Amendment to an existing certificate) consists of a title page, a completed affidavit, and complete responses to the questions on the application. Certification Termination, which is not considered an amendment to an existing SICFA, shall consist of a written notice submitted to a project number established by Commission Staff.

Proper filing of an application shall consist of filing an original and six copies of an application with a notarized affidavit. In addition, the Applicant shall file the application electronically as required by the P.U.C. PROC. R. 22.72 (h), if the application contains more than ten pages. The submitted copies shall meet the following requirements:

- The submitted copies must be three-hole punched and bound in a loose-leaf binder.
- The docket number (if known), Applicant's name, and certificate number (if applicable) should appear on the spine of the notebook. The Applicant's name and a page number shall appear on each page of the application.
- Responses to all questions must be provided and must be amended/corrected promptly when changes occur. Amendments/corrections to the subject application shall be filed in Central Records (one original and six copies) with the assigned Docket Number prominently displayed.

All applications and notices shall be submitted to: Central Records Filing Clerk

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#### TITLE PAGE

## APPLICATION FOR OR AMENDMENT TO A STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)

	PROJECT N	0	
	CERTIFICATE NO	(If an Amendment)	
APPLICANT:			
<b>Authorized Comp</b>	oany Representative:		
NAME:			
TELEPHONE:	FA	X:	
EMAIL ADDRESS	S:		
Regulatory Cont			
NAME:			
		_FAX:	
EMAIL ADDRESS	S:		
<b>Emergency Cont</b>	tact:		
NAME:			
TELEPHONE:		_FAX:	
EMAIL ADDRESS	S:		

### **AFFIDAVIT**

ST	TATE OF §			
	OUNTY OF §			
M	y name is I am an O  My personal k	fficer or a General Partner (Circle One) of. nowledge of the facts stated herein has been		
de	rived from my employment with			
Sta an	swear or affirm that I have personal knowledge ate-Issued Certificate of Franchise Authority (SIC d that I have the authority to make this Application affirm that:	FA), that I am competent to testify to them, n on behalf of the Applicant. I further swear		
a.	has filed or will timely file with the Federal Comby that agency in advance of offering cable service			
b.	agrees to comply with all applicable federal and	tate statutes and regulations;		
c.	agrees to comply with all applicable municipal r of public rights-of-way in the delivery of the c police powers of the municipalities in which the	able service or video service, including the		
d.	has provided the names of its principal executive and	e officers and its principal business address;		
e.	has included a clear, complete and definitive description of the service area footprint it is requesting to serve within any municipality and/or unincorporated area within Texas.			
an	I swear or affirm that all of the statements ar a SICFA are true and correct. I also swear or aff d will comply with all requirements of law appovider's SICFA.	rm that understands plicable to a Cable and/or Video Service		
		Signature		
		Typed or Printed Name and Title		
	SWORN TO AND SUBSCRIBED before me	on the, 20		
	Notary Public In and	For the State of		
		nission expires:		

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1.	a.	Check applicable category:		
		Cable Service Provider		
		Video Service Provider		
		Cable and Video Service Provider		
		Amendment to SICFA Certification – SICFA No		
	b.	If you are filing an amendment to an existing SICFA, please check one or more of the following amendment categories requested in this filing:		
		Change in Type of Provider (Cable, Video, or Cable and Video)		
		Name Change (Additional d/b/as or New Name)		
		Expansion of Service Area Footprint		
		Transfer in Ownership/Control		
		Other (Explain below)		
	c.	Provide a description of the amendment(s) requested in Question 1(b) above.		
2.	Prov	vide the following information:		
	a.	Principal business address; (street address, city, state and zip code):		
	b.	Main business telephone number:		
	c.	Toll-free customer service telephone number:		
	d.	Fax number:		
	e.	Email address:		
	f.	Mailing address, if different from principal business address (street address, city, state and zip code):		
	g.	Name and title of Applicant's principal executive officers.		

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3. State one principal name and any d/b/as in which the Applicant requests the Commission to issue the SICFA in or in which the Applicant currently holds a Cable and/or Video service provider certification.

(NOTE: The certificated name can be the Applicant's legal name, a d/b/a, or an assumed name as long as the requested name(s) is properly registered to do business within the State of Texas. The SICFA holder MUST use ONLY the name(s) and/or d/b/a(s) granted in its SICFA on all bills, advertisements or communications with the public and the Commission. Name changes require an amendment to an existing SICFA.)

4. As stated in PURA Sec. §66.004(a), an applicant is not eligible to seek a SICFA until the expiration date of an existing municipal franchise agreement for a requested Service Area Footprint. To meet this eligibility requirement, Commission Staff has determined that an Applicant may file an application for a SICFA within 17 business days of the expiration date of its existing municipal franchise agreement. To determine eligibility, the Commission Staff requires the following information:

a.	Is the Service Area Footprint requested in this application currently or previously
	under a municipal franchise agreement entered into by this applicant or an affiliate of
	this applicant? If yes, answer question (b).

- b. What is or was the expiration date of the municipal franchise agreement for the requested Service Area Footprint?
- 5. Provide a clear, complete and definitive description of the requested Service Area Footprint (SAF) for any municipality(ies) and/or unincorporated area(s) within the State of Texas. [SAF descriptions shall include one or more of the following descriptions: state line, county line(s), municipalities/city limit(s), subdivision(s), roadway(s), street(s), block(s), street address(s), metes and bounds, or a detailed map(s) properly highlighted and labeled.] Expansions to SAFs shall be made by filing an amendment to an existing SICFA. The amendment application shall require a clear, complete and definitive description of the expansion of the SAF. (For SAF amendments indicate the existing certificated SAF as well as any requested revisions to that existing SAF.)

6. The Applicant shall agree to provide the Commission with written notification when terminating its SICFA. The Applicant shall also agree to provide the Commission with a copy of any order or ruling issued by a court of competent jurisdiction or the Federal Communications Commission (FCC) that either modifies or revokes its SICFA or makes it ineligible to hold a SICFA pursuant to the standards laid out in PURA § 66.003(b). (Commission Staff shall establish a project number to submit all written notices and copies of orders or rulings concerning SICFAs.) The Applicant shall make an affirmative statement that it agrees to provide written notification of termination and copies of orders or rulings issued by a court of competent jurisdiction or the FCC concerning its SICFA.

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