

ORIGINAL

**GENERAL ADMINISTRATIVE ORDER  
OF THE INDIANA UTILITY REGULATORY COMMISSION  
2019-4**

WHEREAS, Indiana Code § 8-1-34 *et seq.* establishes statutory requirements for the application and approval of video service franchises in the State of Indiana; and

WHEREAS, Indiana Code § 8-1-34-16(a) designates the Indiana Utility Regulatory Commission as the sole franchising authority for the provision of video service in Indiana; and

WHEREAS, Indiana Code § 8-1-34-16(b) requires, except as provided in Indiana Code § 8-1-34-21, that a person seeking to provide video service in Indiana after June 30, 2006, file for a franchise with the Indiana Utility Regulatory Commission using the application form prescribed by the Indiana Utility Regulatory Commission; and

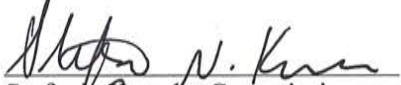
WHEREAS, on June 29, 2011, the Indiana Utility Regulatory Commission adopted by General Administrative Order 2011-1 the Application for a Certificate of Franchise Authority to Provide Video Service in the State of Indiana and the Notice of Change in Certificate(s) of Franchise Authority to Provide Video Service in the State of Indiana, along with Instructions, which were attached to General Administrative Order 2011-1 as Appendix A; and

WHEREAS, the Indiana Utility Regulatory Commission herein finds that changes should be made to the Application form adopted under General Administrative Order 2011-1;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the Application form attached to General Administrative Order 2011-1 is hereby revoked and that the revised Application for a Certificate of Franchise Authority to Provide Video Service in the State of Indiana, along with Instructions, which are attached to this General Administrative Order as Appendix A, are adopted by this Commission.

  
James F. Huston, Chairman

  
Sarah E. Freeman, Commissioner

  
Stefanie Krevda, Commissioner

  
David L. Ober, Commissioner

  
David E. Ziegner, Commissioner

I hereby certify that the above is a true and correct copy of the order as approved.

  
Mary M. Becerra  
Secretary to the Commission

Date: NOV 27 2019

## APPENDIX A

### **Necessary Forms and Formats for Video Franchise Authority Pursuant to Indiana Code § 8-1-34 *et seq.***

- A. Application for a Certificate of Franchise Authority to Provide Video Service in the State of Indiana [Revised]
- B. Notice of Change to Existing Certificate(s) of Franchise Authority to Provide Video Service in the State of Indiana [Revised]
- C. Instructions for the Application for a Certificate of Franchise Authority and for a Notice of Change [Revised]



**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. **Include a copy of the Applicant's Certificate of Authority from the Indiana Secretary of State authorizing applicant to do business within the 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: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Certificate No.

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.

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

**ADDITIONAL REQUIREMENTS:**

- a) Applicant shall complete the DSA Table on Page 7 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 areas of counties) and zip codes. (All areas in a single DSA must be contiguous).
- b) Applicant shall 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). Incumbent video providers should also indicate any areas where they are already providing service under a terminated local franchise agreement.
- c) 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**.
- d) Deployment of service within an existing DSA, for which the applicant has a Certificate of Franchise Authority, does not require a Notice of Change.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Certificate No.

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: \_\_\_\_\_

**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 1<sup>st</sup> of each year indicating changes in video programming or other programming service during the previous calendar year through December 31<sup>st</sup>. Include deleted programming and the service area affected as well as new programming and the service area affected;
6. File biennially (on March 1<sup>st</sup> 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 change 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.





**DSA Table**

DSA Number	Counties, Townships	Local Units (e.g. cities, towns, or unincorporated areas)	Zip Codes
1 <sup>1</sup>			

<sup>1</sup> If this Application is an extension of a state-issued video franchise currently held by the Applicant, the DSA number(s) in this Application should begin where the DSA number(s) in the previous extension left off.



**NOTICE OF CHANGE TO EXISTING CERTIFICATE(S) OF FRANCHISE  
AUTHORITY TO PROVIDE VIDEO SERVICE IN THE STATE OF INDIANA**

State Form 52713 (7-06)  
INDIANA UTILITY REGULATORY COMMISSION

**Affected Certificates:**

**Certificate No.** \_\_\_\_\_ - **VSP** - \_\_\_\_\_ - \_\_\_\_\_  
(Extension) (letter of change)

**Certificate No.** \_\_\_\_\_ - **VSP** - \_\_\_\_\_ - \_\_\_\_\_  
(Extension) (letter of change)

1. Name of the Holder of the Certificate: \_\_\_\_\_
2. Please indicate the type of change(s) requested in this filing:
  - Change in Ownership/Control (#3)
  - Change in Legal Name or adoption of change to assumed business name (#4)
  - Change in Principal Business Address or Person Authorized to Receive Notice (#5)
  - Transfer of the Certificate of Franchise Authority (#6)
  - Termination of the Certificate of Franchise Authority (#7)

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

3. Change in Ownership or Control: *(including mergers, acquisitions, or reorganizations)*
  - a) Description of Transaction: \_\_\_\_\_  
\_\_\_\_\_
  - b) Parties Involved: \_\_\_\_\_  
\_\_\_\_\_
4. Change in Legal Name or Assumed Business Name, etc: *(Approval from the Secretary of State must be attached.)*
  - a) Existing Name: \_\_\_\_\_
  - b) New Name: \_\_\_\_\_
5. Change in Principal Business Address or Name of Person Authorized to Receive Notice:
  - 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) Email 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: \_\_\_\_\_

Applicant Name

Certificate No.

3) Fax number: \_\_\_\_\_

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

6. Transfer of Certificate of Franchise Authority:

a) Present Certificate Holder: \_\_\_\_\_

b) New Certificate Holder: \_\_\_\_\_

c) Explain the transaction that defines the transferee as a successor in interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Termination of existing Certificate for (*also complete #8 below*):

a) Identify any other Certificates that will be retained by the holder: \_\_\_\_\_  
\_\_\_\_\_

b) Identify the number of customers covered by the Certificate being terminated: \_\_\_\_\_  
\_\_\_\_\_

c) What method was used to notify customers of termination of service as required in I.C. 8-1-34-20(c)(2)? (*Attach a copy of the customer notice*) \_\_\_\_\_  
\_\_\_\_\_

8. Increase/Decrease in the Territory of the DSA. (*Include a map indicating the existing certificated DSA as well as any proposed changes to the territory of the existing DSA.*)

a. Reason for change: \_\_\_\_\_  
\_\_\_\_\_

b. Description of change: \_\_\_\_\_  
\_\_\_\_\_

c. List the new unit(s) and unincorporated area(s) to be served under this change in DSA: (*Include an updated DSA Information Table*) \_\_\_\_\_  
\_\_\_\_\_

Applicant Name

Certificate No.

**Designated Regulatory or Customer Service Contact Information**

Include name, title, mailing address, phone & 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  
(if different than above)**

Include name, title, mailing address, phone & fax numbers, and e-mail address for the designated contact person for this Notice of Change (if different than the general regulatory or customer service contact information listed above).

---

---

---

**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.

Name & Title:

---

*(Please Print)*

Signature: 

---

 Date: 

---

Phone Number: 

---

---

IURC Receipt Date:

## Instructions for the Application for a Certificate of Franchise Authority and for a Notice of Change

### Table of Contents

Overview.....	1
Completing an Application.....	1
Completing the Fee Requirement.....	1
Confidential Treatment of Information.....	2
When a Notice of Change is Required.....	2
Filing Applications and Notices of Change.....	3
Commission Review of Applications.....	3
Commission Review of Notices of Change.....	3
Help.....	3

### Overview

Pursuant to Ind. Code § 8-1-34-16, a person or entity seeking to provide video service in one or more Designated Service Area (“DSA”) in Indiana after June 30, 2006, shall file an Application for a Certificate of Franchise Authority (“Certificate”) with the Indiana Utility Regulatory Commission (“Commission”). If the applicant later wishes to add additional DSA(s), the applicant must file an additional Application.<sup>1</sup> As a condition of receiving a Certificate, the holder is also required to notify the Commission of changes involving the holder or the Certificate itself. To submit this notice, the holder shall file a Notice of Change to a Certificate of Franchise Authority (“Notice of Change”) with the Commission.

### Completing an Application

The Application is on the Commission’s website at <https://www.in.gov/iurc/3035.htm>.

An Application consists of the following:

- A completed Cover Page. Applicant’s name should appear on the cover page and in the top right-hand corner of each page of the form.
- Complete responses to the questions on the Application Form.
- A completed, signed, and notarized Affidavit.
- The application fee of \$832.00.

### Completing the Fee Requirement

An Application is not complete until the Commission receives the \$832 application fee. After submitting your Application form electronically, mail a check or money order to pay the fee. The Commission does not accept payment by credit card. Contact the Secretary of the Commission, Mary Becerra, at (317) 233-8720 or [mbecerra@urc.in.gov](mailto:mbecerra@urc.in.gov) with payment-related questions.

1. Checks must be made payable to the “Indiana Utility Regulatory Commission.”
2. When you have successfully filed the Application in the Commission’s electronic filing system, you will receive a Cause Number. You must list the Cause Number in the memo line.
3. Mail checks to:  
Attn: VSP Application  
Indiana Utility Regulatory Commission  
101 West Washington Street, Suite 1500E  
Indianapolis, Indiana 46204

<sup>1</sup> Applicant may expand to areas contiguous to current DSAs by submitting a Notice of Change Petition.

## **Confidential Treatment of Information**

Generally, information submitted to the Commission is considered a public record and disclosable to the public under the Access to Public Records Act. Ind. Code § 5-14-3-3. However, there are confidential records that are not disclosable, including, but not limited to, records declared confidential by state statute or federal law and records containing trade secrets. Ind. Code § 5-14-3-4(a).

If the applicant believes that any of the information in the Application should receive confidential treatment, the applicant shall submit a Petition for Confidential Treatment per 170 Ind. Admin. Code 1-1.1-4 and 1-1.1-9 along with its Application and withhold the information for which confidential treatment is sought.. Note, the Application will not be considered complete until the Commission receives the required information.

The Petition for Confidential Treatment shall include a sworn statement or testimony of the applicant that describes the following:

- The nature of the confidential information.
- The reasons why the information should be treated as confidential information under Ind. Code § 8-1-2-29, public inspection of Commission reports, files and records, and Ind. Code ch. 5-14-3, the Access to Public Records Act.
- The efforts the applicant has made to maintain the confidentiality of the information. 170 Ind. Admin. Code 1-1.1-4

The Commission will review the information and issue an order stating whether the information is entitled to confidential treatment on a preliminary basis. After a determination is issued, the applicant may upload the documents into the Commission's electronic filing system using the assigned Cause Number and, if the determination permits confidential treatment, designate the filing as confidential. The information will be treated as confidential on a preliminary basis and excepted from public disclosure in accordance with Ind. Code ch. 5-14-3.

Immediately following the submission of a confidential document, a Notice of Filing should be submitted as a general filing to the case. Notices of Filing are documents that are part of the case record, alerting parties to the case that a party filed a confidential document.

## **FAILURE TO INCLUDE THE SWORN STATEMENT OR FILE THE CONFIDENTIAL INFORMATION SEPARATE FROM THE APPLICATION MAY RESULT IN DENIAL OF CONFIDENTIAL TREATMENT.**

### **When a Notice of Change is Required**

A provider does not have to file a Notice of Change for changes in video programming or other programming. This is done within the provider's annual report that is due to the Commission on March 1<sup>st</sup> of each year and should reflect changes made during the previous year.

Other changes must be filed through a Notice of Change, which consists of the following:

- Applicant's name and Certificate Number should appear on the cover page and in the top right-hand corner of each page of the form.
- Complete responses to the questions on the form regarding the applicable change(s)
- *For changes in the legal or assumed name*, a copy of the Certificate of Authority from the Indiana Secretary of State.
- *For changes to the size of one or more existing DSA:*
  - a map showing both the existing DSA territory and the new DSA territory; and

- an updated DSA table of all counties, townships, local units, and zip codes within the DSA. Increases to an existing service territory must be contiguous to an existing DSA.
- The Certificate Number on the Notice of Change shall reflect the Certificate Number with the appropriate extension(s).

The Notice of Change must be filed with the Commission at least ten (10) days prior to the effective date of the change. In the case of a DSA change that requires notice to the Unit, the Notice of Change must be filed with the Commission simultaneously with notice to the Unit (i.e., ten [10] days prior to providing service in the Unit).

### **Filing Applications and Notices of Change**

Submit Applications and Notices of Change through the Commission's electronic filing system at <https://iurc.portal.in.gov>.

Notice of the receipt of Applications and Notices of Change will be posted to the Commission's website at <https://www.in.gov/iurc/2337.htm>, under "Pending Cases and Filings".

### **Commission Review of Applications**

The Commission will assign a Cause Number to the application, which will include the designation of "VSP" ("video service provider") and an extension. That Cause Number will become the Certificate Number upon approval. Applications to add additional DSAs should reference the original Certificate Number and the chronological extension. The extension shall be a number that reflects the number of Applications filed by the applicant to date.

### **Commission Review of Notices of Change**

The Commission will add a letter in alphabetical order representing the number of Notices of Change filed with the Commission under the given Certificate Number and extension.

### **Help**

Questions should be directed to the Communications Division at (317) 232-5559.

If you experience difficulties with the electronic filing system or need assistance filing, review the User Manual at <https://www.in.gov/iurc/2898.htm> or contact Systems Support Specialists at (317) 232-2642 or (317) 232-4269.