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STATE OF INDIANA
INDIANA UTILITY REGULATORY COMMISSION
GENERAL ADMINISTRATIVE ORDER

2009-4

WHEREAS, Indiana Code § 8-1-32.5 *et seq.* establishes statutory requirements for certificates of territorial authority (CTA) for communications service providers (CSP) in the State of Indiana; and

WHEREAS, Indiana Code § 8-1-32.5-4 requires that a person or entity seeking to provide communications services in Indiana after June 30, 2009 file an application for a CTA with the Indiana Utility Regulatory Commission; and

WHEREAS, Indiana Code § 8-1-32.5-6 requires the Indiana Utility Regulatory Commission to prescribe the form on which such an application for a CTA is to be made; and

WHEREAS, Indiana Code § 8-1-32.5-12 requires a holder of a CTA to provide notice to the Indiana Utility Regulatory Commission of certain changes involving the holder or the certificate;

WHEREAS, Indiana Code § 8-1-32.5-12 requires the Indiana Utility Regulatory Commission to prescribe the time in which a holder of a CTA must report changes and the form on which such changes must be reported; and

WHEREAS, the Indiana Utility Regulatory Commission also finds that nonsubstantive changes may be made to the forms adopted hereunder;

NOW, THEREFORE, BE IT RESOLVED AND ORDERED, that the Application for a Certificate of Territorial Authority for Communication Service Providers in the State of Indiana and the Notice of Change in Certificate(s) of Territorial Authority, which are attached to this General Administrative Order as Appendices A and B, be adopted by the Commission.

GOLC, SERVER, AND ZIEGNER CONCUR; HARDY AND LANDIS ABSENT:

APPROVED: APR 22 2009

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

Brenda A. Howe

Brenda A. Howe, Secretary to the Commission

APPENDIX A

CTA APPLICATION

**INDIANA UTILITY REGULATORY COMMISSION
APPLICATION FOR A CERTIFICATE OF TERRITORIAL AUTHORITY FOR
COMMUNICATIONS SERVICE PROVIDERS**

Applicants are required to file an original and five paper copies and an electronic copy in PDF format on disk.

Cause No. _____ (JURC use only)

PURSUANT TO IC 8-1-32.5-4, A "COMMUNICATIONS SERVICE PROVIDER" MEANS A PERSON OR ENTITY THAT OFFERS COMMUNICATIONS SERVICE TO CUSTOMERS IN INDIANA, WITHOUT REGARD TO THE TECHNOLOGY OR MEDIUM USED BY THE PERSON OR ENTITY TO PROVIDE THE COMMUNICATIONS SERVICE. THE TERM INCLUDES A PROVIDER OF COMMERCIAL MOBILE RADIO SERVICE (AS DEFINED IN 47 U.S.C. 332).

List each type of Communications Service which applicant proposes to offer in Indiana:

TELECOMMUNICATIONS SERVICE AS DEFINED IN 47 U.S.C. 153(46)

Please list each type of service, such as facilities-based local exchange; bundled resale of local exchange; commercial mobile radio service; interexchange; operator services or other.

INFORMATION SERVICE AS DEFINED IN 153(20), WITHOUT REGARD TO THE TECHNOLOGY OR MEDIUM USED TO PROVIDE THE COMMUNICATIONS SERVICE.

Please list each type of service, such as internet protocol enabled services; broadband service; advanced service (as defined in 47 CFR 51.5); or other.

VIDEO SERVICE AS DEFINED IN IC 8-1-34-14 (a Video Service Provider which does not have a current Video Service Franchise for the service area described below must also obtain a state issued video franchise as specified in IC 8-1-34-16)

I. Applicant Contact Information

A. Legal Name of Company: _____

B. Name(s) under which the company will be marketing services in Indiana:
(Company names, including any "doing business as" names, 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):

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):

Name and Title: _____
Telephone Number: _____ FAX Number: _____
Mailing Address: _____
Email Address: _____

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

Name and Title: _____
Telephone Number: _____ FAX Number: _____
Mailing Address: _____
E-mail Address: _____

II. Service Information

(add additional sheets if necessary)

A. Please describe the area(s) for which the applicant seeks authority.

B. Please provide a description of each service area in Indiana in which the applicant initially proposes to offer communications service (i.e., county, city or rate center). If the applicant is a CMRS provider, please list the MTA(s) in Indiana for which the applicant is or will be licensed by the FCC.

C. Please provide a description of each type of communications service that the provider proposes to offer in each of the service areas identified in II B. above. The services listed should be consistent with the services marked at the top of Page 1.

D. For each type of service identified in C, please list whether the communications service will be offered to residential customers, business customers or both. If applicant is proposing to offer Video Service, will the service be authorized through a state franchise or a local franchise? If authorized through a local franchise, please specify the issuing franchise authority and provide the expiration date.

E. 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 should be consistent with the services marked at the top of Page 1.

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

G. Does the applicant seek authorization to provide facilities-based local exchange? _____

H. Does the applicant seek authorization to offer interexchange services only? _____

I. Does the applicant intend to offer commercial mobile radio service only? _____

J. Is applicant a wholesale or a retail communications service provider? _____

K. Will the applicant operate as a Local Cooperative Corporation pursuant to IC 8-1-17-3?

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

L. Please list other states in which applicant is authorized to provide communications services and the types of services offered.

III. Additional Requirements

Applicant further represents that it will:

- Comply with Indiana law (including but not limited to Title 8 of the IC) and IURC regulations (170 IAC 7) and applicable current and future Orders of the IURC.²
- File intrastate access tariffs, concurrences, and exceptions pursuant to the Commission's filing procedures and provide informational copies of interstate access tariffs.
- Provide the Commission with current and updated/corrected hyperlinks to the company's intrastate and interstate access tariffs, concurrences, and exceptions.
- Notify the Commission of any change in the legal name, address, control or status of the CTA, or service area, pursuant to IC 8-2-32.5-12 using the CSP Notice of Change Form prescribed by the Commission. Such notification of change shall be provided to the Commission thirty (30) days prior to the occurrence of the change.
- Upon request, provide any other information the Commission is authorized to collect from a communications service provider under state or federal law pursuant to IC 8-1-2.6-13-9(E).
- Applicant represents that it will, at the time requested by the commission, provide an annual report concerning communications services offered in each service area (county and zip code) in Indiana as required by IC 8-1-2.6-13(d)(9)(C) Note: This does not apply to CMRS providers.

¹ The Commission is required to provide notice of CTA applications of local cooperative corporations to each facilities-based local exchange carrier operating in territory contiguous to the area in which the cooperative corporation proposes to render telephone service pursuant to IC 8-1-17-5(d)

² Telecommunications Service Providers and Video Service Providers are subject to enforcement remedies for prohibited actions pursuant to IC 8-1-29.5.

IV. Attachments

The following information must be included with this application:

1. Applicant's certification from the Indiana Secretary of State authorizing the applicant to do business within the State of Indiana.
2. Information demonstrating the financial, managerial and technical ability to provide each communication service identified in the application.
 - 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.
(Attachments 2a and 2b are not required for CMRS providers.)
3. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant (see attached affidavit).

Although an evidentiary hearing before the Commission is not required, the Commission shall hold an evidentiary hearing, if one is requested pursuant to IC 8-1-32.5-9(a). Any hearing shall follow the statutory provisions of IC 8-1-32.5-9(b).³

V. Application Verification

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

Name and Title (printed or typed)

³ The FCC determines market entry of CMRS providers pursuant to 47 CFR Chapter 1 Part 13.

VI. AFFIDAVIT⁴

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

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

b) the 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) (not applicable to CMRS providers per IC 8-1-32.5-11(b));

c) the applicant (including CMRS providers⁵) agrees to update the information provided in the application on a regular basis pursuant to IC 8-1-32.5-12;

d) the applicant agrees to notify the Commission when the applicant commences offering communications service in each service area identified in the application;

e) the applicant agrees to pay any lawful rate or charge for switched and special access services, as required under any:

- applicable interconnection agreement; or
- lawful tariff or order approved or issued by a regulatory body having jurisdiction.

f) the applicant agrees to report, at the time requested by the Commission, information required under IC 8-1-2.6-13(d)(9) *et seq.*; and

g) applicant further represents that it will provide an annual report concerning communications services offered in each service area (county, zip code and census tract) in Indiana as required by IC 8-1-2.6-13(d)(9)(C). (Not applicable to CMRS providers per IC 8-1-2.6-13(d)(9)).

(Signature)

(Title)

(Date)

⁴ See IC 8-1-32.5-6(b)(3).

⁵ There is an exception in IC 8-1-32.5-12-6 to the information that CMRS providers must provide. This exception does not apply to the other subsections in 8-1-32.5-12.

Subscribed and Sworn to before me, a Notary Public, this _____ day of _____,

A.D. 20____

Signature

Printed Name

My Commission Expires: _____

My County of Residence: _____

APPENDIX B
NOTICE OF CHANGE FORM

INDIANA UTILITY REGULATORY COMMISSION
VERIFIED NOTICE OF CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO
PROVIDE COMMUNICATIONS SERVICES WITHIN THE STATE OF INDIANA
As addressed in IC 8-1-32.5-12

Applicants should file two paper copies of each form with supporting documentation and one unofficial electronic copy in PDF format on disk.

Tracking No.: _____ (IURC use only)

To the Communications Division of the Indiana Utility Regulatory Commission (IURC):

(Company Name)

hereby notifies the IURC of a change in the Certificate of Territorial Authority (CTA) to provide (Please list the types of communications services currently authorized in Indiana):

Authorized under Cause No(s): _____ dated _____.

Please list the service territory or territories being affected by this notice of change:

REASON FOR CHANGE IN CTA STATUS

The change being noticed herein by Applicant relates to:
(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.**

Please provide a description of transaction: _____

Effective Date: _____

2. **Name change or an adoption of or change to an assumed business name or change in parent company name, etc.**

- a) Existing name: _____
- b) New name: _____
- c) d/b/a: _____

For 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

Name and Title: _____
 Telephone Number: _____ FAX Number: _____
 Mailing Address: _____

 Email Address: _____

4. Sale, Assignment, Lease or Transfer to:

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. Transferee Company Name and Indiana d/b/a: _____

Name and Title: _____
 Telephone Number: _____ FAX Number: _____
 Mailing Address: _____

 Email 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)¹.

c. Does Transferee have a current Indiana CTA? Yes No
 If yes, please provide the Cause Number _____. If no, please complete the Transfer CTA application in Attachment A and include it with this filing.

¹ This requirement is not applicable to CMRS providers pursuant to 47 CFR 64.1120(a)(3).

5. Relinquishment of Certificate

NOTE: NOT APPLICABLE TO TELECOMMUNICATIONS PROVIDER OF LAST RESORT PURSUANT TO IC 8-1-32.4

Reason for CTA Relinquishment: _____

(Attach additional sheets as necessary)

- a. Please identify any other Indiana CTA(s) currently held by Applicant -- by Cause No., type and date issued -- that will be retained.

- b. 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.

- c. 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.

- d. 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.

- 6. 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.²**

(Attach additional sheets if necessary)

² 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.

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 (not applicable to CMRS providers).

Please list the types of communications services you *propose* to offer in Indiana (e.g. facilities-based local exchange; bundled resale of local exchange; commercial mobile radio service; interexchange; operator services; internet protocol enabled services; broadband service; advanced service; **video service*** or other).

***Note:** If applicant intends to offer video service and does not have a current Video Service Franchise for the service area the applicant must obtain a franchise as specified in IC 8-1-34-16.

- a. Please describe the area(s) for which the applicant proposes to provide the new or changed services listed in 7 above (i.e., county, city or rate center).

- b. For each type of service identified in 7, 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 in 7.

- 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?

- f. Will applicant offer interexchange services only? _____

- g. Does the applicant seek authorization to provide commercial mobile radio service?

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 affirm under penalties of perjury that the foregoing representations are true.

Officer's Name & Title _____

(Printed)

Signature _____ Date _____

Phone Number _____

Acknowledged by the IURC:

Notice of Change No. _____ **Date** _____

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.

Tracking No. _____ (IURC use only)
(from Notice of Change)

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

_____ in Cause No. _____ Dated _____
(transferor)

I. Transferee of CTA Contact Information

A. Legal Name of Company: _____

B. Name (s) under which the company will be marketing services in Indiana:
(Company names, including any "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):

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):
Name and Title: _____
Telephone Number: _____ FAX Number: _____
Mailing Address: _____
Email Address: _____

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

Name and Title: _____
Telephone Number: _____ FAX Number: _____
Mailing Address: _____
E-mail Address: _____

II. Transferor of CTA Information

A. Legal Name of Company: _____

III. Service Information

(add additional sheets if necessary)

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

B. Will the service area of the Transferee be the same as the Transferor?

C. Will the communications services be offered by Transferee to the same customers types (e.g. residential, business customers, or both) as the Transferor?

D. If service 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.

E. Will the transferee operate as a Local Cooperative Corporation pursuant to IC 8-1-17-3?

If yes, please submit 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.

IV. Additional Requirements

1. The Transferee represents that it will comply with all the conditions of the CTA issued to Transferor.
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

The following information must be included with this application:

4. Transferee's certification from the Secretary of State authorizing the applicant to do business within the State of Indiana.
5. Information demonstrating the financial, managerial and technical ability to provide each communication service identified in the application.
 - 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.
(attachments 2a and 2b are not required for CMRS providers)
6. A statement signed under penalty of perjury by an officer or another person authorized to bind the applicant (see attached 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)

Signature and Date

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

Name and Title (printed or typed)

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