

State of Wisconsin
Department of Financial Institutions



State-Issued Certificate of Franchise Authority (SICFA) Application
AFFIDAVIT

STATE OF _____ §
COUNTY OF _____ §

My name is _____. I am an Officer of/or a General Partner (Circle One) of
_____ (Applicant). My personal knowledge of the facts stated herein has
been derived from my employment with _____ (Applicant).

I swear or affirm that I have personal knowledge of the facts stated in the Application for a State-Issued
Certificate of Franchise Authority (SICFA), that I am competent to testify to them, and that I have the authority
to make this Application on behalf of the Applicant. I further swear or affirm that _____
_____ (Applicant):

- a. has filed or will timely file with the Federal Communications Commission all forms required by that
agency in advance of offering cable service or video service in Wisconsin;
b. agrees to comply with all applicable federal and state statutes and regulations;
c. agrees to comply with all applicable municipal regulations regarding the use and occupation of public
rights-of-way in the delivery of the cable service or video service, including the police powers of the
municipalities in which the service is delivered;
d. has provided the names of its principal executive officers and its principal business address; and
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 Wisconsin. Additionally provided the
name of any corporation subsidiaries or DBA's serving the above mentioned areas, if any.
f. the applicant is legally, financially, and technically qualified to provide video service in compliance
with 66.0420 (3)(d)(4c)

I swear or affirm that all of the statements and representations made in this Application for a SICFA are true
and correct. I also swear or affirm that _____ (Applicant) understands and will
comply with all requirements of law applicable to a Cable and/or Video Service Provider's SICFA.

Signature

Typed or Printed Name and Title

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 20_____.

Notary Public In and For the State of _____

My commission expires: _____