

State of Wisconsin  
DEPARTMENT OF FINANCIAL INSTITUTIONS



**STATE-ISSUED CERTIFICATE OF FRANCHISE AUTHORITY (SICFA)  
APPLICATION  
Title Page**

Applicant:
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**Authorized Company Representative**

Name:		Title:	
Address:			
City:		State:	Zip Code:
Telephone:	Fax:	Email Address:	

**Regulatory Contact**

Name:		Title:	
Address:			
City:		State:	Zip Code:
Telephone:	Fax:	Email Address:	

**Emergency Contact**

Name:		Title:	
Address:			
City:		State:	Zip Code:
Telephone:	Fax:	Email Address:	

NOTICE: Pursuant to Section 66.0420 Wis. Stats., this form may be used to apply for a State-Issued Certificate of Franchise Authority. Information requested may be used for secondary purposes. Hearing-impaired may call 608-266-8818 for TTY. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

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

1. A. Check applicable category:

- Cable Service Provider
- Video Service Provider
- Cable and Video Service Provider

B. If you are filing an amendment to an existing SICFA, please check one or more of the following amendment categories in this filing:

- Change in type of provider (Cable, Video, or Cable and Video)
- Name change (Additional d/b/a's or New Name)
- Expansion of service area footprint
- Transfer in ownership/control
- Other (provide explanation)

2. Provide the following information:

Principal Business Street Address		
City	State	Zip Code
Business Telephone Number		Fax Number
Email Address		
Mailing Street Address, if different from principal business address		
City	State	Zip Code

Provide the name and title of Applicant's principal executive officers (add additional page if necessary):

Name	Title

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

3. Enter one principal name and any d/b/a's or affiliates that will operate under this SICFA. *(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 Wisconsin. The SICFA holder should use only the name(s) and/or d/b/a(s) granted in its SICFA on all bills, advertisements or communications with the public or the Department of Financial Institutions (DFI). Name changes require an amendment to an existing SICFA). Add additional pages if necessary.*

Principal Name
D/B/A or affiliate

4. Provide the date(s) the Applicant intends to begin providing cable/video service in each Service Area Footprint identified. \_\_\_\_\_
5. Attach a clear, complete and definitive description of the requested Service Area Footprint (SAF) for any municipality (ies) and/or unincorporated area(s) with the State of Wisconsin. *(SAF descriptions shall include one or more of the following descriptions: state line, county line(s), municipality/city limit(s), subdivision(s), roadway(s), street(s), block(s), street address(s), and boundaries, or a detailed map(s) properly highlighted and labeled.)* Expansions to SAF's shall be made by filing an amendment to an existing SICFA. The amendment shall require a clear, complete and definitive description of the expansion of the SAF. (For SAF amendments, include the existing certificated SAF as well as any requested revisions to that existing SAF.)
6. The Applicant shall agree to provide the DFI with written notification when terminating its SICFA. The Applicant shall also agree to provide DFI 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 section 66.0420 Wisconsin Statutes. The Applicant shall make an affirmative statement that it agrees to provide written notification of termination and copies of orders or ruling issued by a court of competent jurisdiction or the FCC concerning its SICFA.

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7. The applicant shall attest that the entity is legally, financially, and technically qualified to provide cable/video service in compliance with Wisconsin Statutes 66.0420 (3) (d) 4.c.
8. The applicant shall attest that the entity has complied with Wisconsin Statutes 66.0420 (3) (e) regarding service upon municipalities.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_