



FORM 3001
mandatory

STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA)
RENEWAL APPLICATION
AFFIDAVIT

Sec. 66.0420 Wis. Stats.

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 including all applicable FCC 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;
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 and additionally provided the name of any corporation subsidiaries or DBA's serving the above mentioned areas, if any;
f. is legally, financially, and technically qualified to provide video service in compliance with 66.0420 (3) (d) 4.c;
g. has complied with Wisconsin Statutes 66.0420 (3)(e) regarding service upon municipalities;
h. agrees to provide DFI with written notification of SICFA termination
i. agrees to provide DFI a copy of any order or ruling issued by a court of competent jurisdiction or the FCC concerning its SICFA.

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: _____