

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTION

**KANSAS VIDEO SERVICE AUTHORIZATION
INITIAL APPLICATION**

Date: _____

Applicant's Name: _____ d/b/a: _____

Address 1: _____ Phone: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

1. As an attachment, list company principal officers, titles and addresses.
 2. As an attachment, list designated company contacts with addresses, phone numbers and email addresses, responsible for this application, ongoing regulatory contacts and consumer complaint matters.
 3. Standing with Kansas Secretary of State's Office _____ as of _____
 4. Date of filing FCC Cable Community Registration form 322: _____
Community Unit Identification Number (CUID) (Assigned by the FCC): _____
 5. By submitting this application, the applicant agrees to comply with all applicable federal and state statutes and regulations; and that applicant agrees to comply with all lawful and applicable municipal regulations regarding the use and occupation of public rights-of-way in the delivery of video services, including the police powers of the municipalities in which the service is delivered.
Initial indicating concurrence: _____
 6. As an attachment, identify the municipalities and legal description of the service area footprint(s) to be served using the Community Unit Identification Code (CUID), Section, Township, and Range references. Include the attached description on a computer disc in ESRI compatible format (.E00, or .shp) with a defined projection file.
 7. Each footprint should clearly state the date by which the provider will pass 100% of the encompassed households. Multiple service areas may be included.
 8. As an attachment, provide a general description and drawing of the type or types of technologies to be used in serving the footprint(s) described above.
- By submitting this application, the applicant agrees that it may not deny access to service to any group of potential residential subscribers because of the income of the residents in the local area in which such group resides. Initial indicating concurrence: _____

Verification

I, _____, of lawful age, and being first duly sworn, now state: As an officer of the Applicant, I am authorized to do and hereby make the above commitments. I further affirm that all statements made above are true and correct to the best of my knowledge and belief.

Signature

Title