Print Form

VERIFIED APPLICATION FOR ISSUANCE OF A CERTIFICATE OF TERRITORIAL AUTHORITY TO BE A RADIO COMMON CARRIER (RCC) OR PROVIDE COMMERCIAL MOBILE RADIO SERVICE (CMRS) WITHIN THE STATE OF INDIANA
(As addressed by Cause No. 37896 S-1)
State Form 49536 (R/11-06)
INDIANA UTILITY REGULATORY COMMISSION

(Instructions: Complete all blanks and include supporting documentation as attachments to this form:)

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

_____ *("Applicant") hereby applies to the Indiana Utility Regulatory Commission (IURC) for a Certificate of Territorial Authority ("CTA") to be a Radio Common Carrier or to provide Commercial Mobile Radio Services in Indiana, and represents that:*

1. Applicant's principal name (including any "doing business as" names) as authorized by the Indiana Secretary of State is: *(Attach a copy of approved Certificate of Authority from Indiana Secretary of State.)*

(a) Principal Name: _____

(b) d/b/a Name: _____

2. Applicant's principal address, telephone number, fax number and regulatory contact person for purposes of this proceeding and any subsequent IURC communications is:

(a) Address: _____

(b) Telephone No.: _____ *FAX No.:* _____

(c) Contact Person & Title: _____

3. Applicant requests a CTA for the following geographic area:

(a) Counties: _____

4. The principal name, address, telephone number, fax number of Applicant's parent company is:

(a) Company Name: _____

(b) Address: _____

(c) Telephone No.: _____ *FAX No.:* _____

Applicant further represents that it:

1. *Has the financial, managerial, and technical ability to provide the services for which it hereby requests a CTA;*
2. *Will comply with Indiana laws and the Commission's regulations and orders of generic application concerning the provision of RCC or CMRS services in Indiana;*
3. *Will pay the public utility fee required by I.C. 8-1-6;*
4. *Will provide a copy of this verified application to each facilities-based local exchange telephone company LEC as maintained by the Commission's Telecommunications Division;*
5. *Will advise any such LEC of the nature of Applicant's use of such LEC facilities and pay such LEC the lawful Commission approved tariffed rates for such services and there may be contract or access charges, too; and,*
6. *Will notify the Commission within thirty (30) days of any changed or additional name under which it will provide services, and any change of address of Applicant's principal business address or change in name of persons authorized to receive notice on behalf of the Applicant.*

Verification

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

Officer's Name & Title: _____

{Please Print}

Signature & Date: _____ *Phone Number:* _____

IURC Staff Use Only:

Certificate of Territorial Authority

A Certificate of Territorial Authority to provide public utility service (as defined by I.C. 8-1-2-1) and telephone service as a telephone company (as those terms are defined by I.C. 8-1-2-88) as set forth in the foregoing application is hereby issued to the Applicant discussed herein to RCC or provide CMRS services in accordance with and subject to the provisions of the Indiana Utility Regulatory Commission's Orders in Cause No. 37896 S-1.

Acknowledged by the IURC: CTA No.: _____ *Date:* _____