Print Form

VERIFIED NOTICE OF A CHANGE IN A CERTIFICATE OF TERRITORIAL AUTHORITY TO BE A RADIO COMMON CARRIER (RCC) OR PROVIDE COMMERCIAL MOBILE RADIO SERVICE (CMRS) ISSUED BY THE STATE OF INDIANA (As addressed by Cause No. 37896 S-1)

State Form 49537 (R/11-06)

INDIANA UTILITY REGULATORY COMMISSION

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

_____ *hereby*

Company Name(s)

notify/notifies the IURC of a change in the Certificate of Territorial Authority ("CTA") to

provide CMRS or RCC services issued to _____

in Cause No. _____ *dated* _____ *and/or CTA No.* _____

dated _____

Each Applicant herein represents that, with regard to any continuing CTA authority, that it:

- *A) Has the financial, managerial, and technical ability to provide the services for which it hereby requests a CTA;*
- *B) Will comply with Indiana laws and the Commission's regulations and orders of generic application concerning the provision of RCC or CMRS services;*
- *C) Will pay the public utility fee required by I.C. 8-1-6;*
- *D) 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;*
- *E) 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,*
- *F) 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.*

The change(s) being noticed herein by Applicant(s) relate to:
(Check all boxes and complete all blanks that apply. Attach any supporting documents.)

☐ *1. Mergers, acquisitions, transfers, and/or the issuance of stock.*
a) Description of transaction:

_____

☐ *2. Name change, use of assumed business name, etc. (Approval from Secretary of State must be attached.)*

a) Existing name: _____

b) New name: _____

☐ *3. Cancellation of existing CTA for:* _____

Include company name, contact person, address, phone & fax numbers for each Applicant:

Designated Regulatory Contact Information

_____

_____

_____

Verification

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

Officer's Name & Title: _____
Please Print

Signature & Date: _____ *Phone Number:* _____

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