Sec. 66.0420,
Wis. Stats.

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS

Amended
STATE-ISSUED CERTIFICATE FOR FRANCHISE AUTHORITY (SICFA)
APPLICATION
Title Page

1. Name

(a)Applicant name (prior to any change set forth in this Amendment):
(b)New Applicant name (if any)::

2. Current Category:	**3. Type of Amendment (complete the applicable Section(s)):**
☐ Cable Service Provider ☐ Video Service Provider ☐ Cable and Video Service Provider	☐ Change in type of provider (Sec. 1, 2, 4 and 10) ☐ Name Change and/or Additional d/b/a's (Sec. 1, 2, 4 and 6) ☐ Expansion/Reduction of service area footprint (Sec. 1, 2, 4 and 10) ☐ Other (provide explanation and complete applicable sections)

4. Principal Business Address:

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

5. Name(s) and title(s) of principal executive officers (add additional page if necessary):

Name	Title
Name	Title
Name	Title
Name	Title

Filing Fee: $100.00

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APPLICATION

Applicant Name (as amended) ____

6. Enter principal name (as amended) **and any d/b/a's or affiliates** that will operate under this SICFA (**See Instructions**). Add additional pages if necessary.

Principal Name
D/B/A or affiliate
D/B/A or affiliate
D/B/A or affiliate
D/B/A or affiliate

7. Authorized Company Representative

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

8. Regulatory Contact

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

9. Emergency Contact

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

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Applicant Name (as amended)____

10. Attach a clear, complete and definitive description of the Amended 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(es), and boundaries, or a detailed map(s) properly highlighted and labeled.

Provide the date(s) the Applicant intends to begin providing video service in each Service Area Footprint identified above.

The applicant attests that they are legally, financially, and technically qualified to provide video service in compliance with Wisconsin Statutes 66.0420 (3)(d)4.c.

The applicant attests that the entity has complied with Wisconsin Statutes 66.0420 (3)(e) regarding service upon municipalities.

Signature ____ Date _______________________

Instructions:

1. (a)Enter the name of the applicant prior to any changes set forth on this application, and (b) the New applicant name if changed. If not a name change, leave this section blank.
2. Enter the current type of service provided.
3. Mark the type of amendment. Mark all that apply.
4. Enter the current principle address of the entity.
5. List the name(s) and business address(es) of the principal officer(s) of the entity.
6. 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

10. Requires a clear, complete and definitive description of the expansion of the SAF. Include the existing certificated SAF as well as any requested revisions to that existing SAF.
11. The filing fee is $100.00. Please make the check payable to Dept of Financial Institutions and submit the completed amendment form with the check to Dept of Financial Institutions, P O Box 7846, Madison WI 53714

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.