

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTION

**KANSAS VIDEO SERVICE AUTHORIZATION
AMENDED, TERMINATION OR TRANSFER APPLICATION**

Date: _____ Type of Application (*Check one*): Amended Termination Transfer

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

Address 1: _____ Phone: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

Authorizing Docket: _____ Date: _____

For Amended Application:

If applicable as an attachment, identify the municipalities and provide a 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. Each footprint should clearly state the date by which the provider will pass 100% of the encompassed households. Multiple service areas may be included. Community Unit Identification Number(s) (CUID): _____

For Termination Application:

Effective date of Termination: _____

For Transfer Application:

(A transfer application will require a companion Initial or Amended application from the receiving entity, as appropriate.)

Name: _____ d/b/a: _____

Contact Name: _____ Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

Successor's Authorizing VSA docket: _____, Date: _____

Successor's serving area footprint changes? Yes No

If yes, the successor's VSA authorization must be amended detailing the changed footprint.

Effective date of Transfer: _____

For All Applications:

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