

FCC FORM 1275 CERTIFICATION FOR OPEN VIDEO SYSTEMS

A. Company Information		
Company Name:		
Contact Person:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	

B. Attach a statement of ownership, including all affiliated entities
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C. Eligibility and Compliance Representations			
	Yes	No	N/A
1. If you are a cable operator applying for certification within your cable franchise area, are you qualified to operate an open video system under 47 C.F.R. § 76.1501?			
2. Do you agree to comply and to remain in compliance with each of the Commission's regulations in 47 C.F.R. §§ 76.1503, 76.1504, 76.1506(m), 76.1508, 76.1509, and 76.1513?			
3. Do you agree to comply with the Commission's notice and enrollment requirements for unaffiliated video programming providers?			
4. If applicable, do you agree to file changes to your cost allocation manual at least 60 days before the commencement of service?			

D. System Information			
1. Provide a general description of the anticipated communities or areas to be served upon completion of the system.			
2. Anticipated Digital Capacity:			3. Anticipated Analog Capacity:
4. If Switched Digital, Anticipated Number of Channel Input Ports:			

E. Verification Statement	
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE TITLE 18, SECTION 1001), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)	
To the best of my knowledge and belief, the representations made herein are accurate according to the most recent information available.	
Name:	Signature:
Title:	Date: