



Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

John Thurston

501-682-3409 • www.sos.arkansas.gov

APPLICATION TO TRANSFER CERTIFICATE OF FRANCHISE AUTHORITY FOR VIDEO SERVICE PROVIDER

1. Video Service Provider who originally received the Certificate of Franchise Authority from the Secretary of State: _____

2. Date Certificate of Franchise Authority Was Issued by Secretary of State: _____

****NOTE:** Remaining questions must be answered by the Applicant to whom the Certificate of Franchise Authority is being transferred.

3. Applicant's Name: _____

4. Address of Principal Place of Business in Arkansas: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

5. Applicant authorized to do business in Arkansas: Yes No If yes, please provide Secretary of State Entity Filing Number

And Type of Entity: _____

6. Names of Principal Executive Officers: _____ Titles of Principal Executive Officers: _____

7. Applicant's Designated Arkansas Representative for Video Services: _____

8. Please identify below, all political subdivisions and/or parts of political subdivisions which constitute the service area in which the applicant intends to provide video service. If the service area includes an entire county, please list all political subdivisions within the county.

Counties: (please indicate if the video service area is the entire county or a portion of the county. If the service area includes only a portion of the county, please describe the area.)

Cities/Towns: (please identify all cities/towns within the service area. If the service area includes only a portion of a city or town, please describe the area.)



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9. Date Applicant intends to begin providing video service for the areas listed on page 1 of this application: _____

10. Please verify the following by checking the necessary boxes:

- Applicant has filed with the Federal Communications Commission the applicable forms needed in advance of offering video service in this state.
- Applicant is legally, financially, and technically qualified to provide video service.
- Applicant has and maintains, with one (1) or more companies licensed to do business in Arkansas, comprehensive general liability insurance coverage and automobile liability insurance coverage (coverage of not less than one million dollars (\$1,000,000) for one occurrence or incident), or Applicant has self-insurance in compliance with A.C.A. § 23-19-203 and A.C.A. § 27-19-207.
- Applicant agrees to provide notice to the political subdivision(s) as required by A.C.A. § 23-19-203(f).

AFFIDAVIT

I, the undersigned, being first duly sworn, state that I am an officer, general partner, or managing member of the Video Service Provider listed above, that I have read the above document, including the information on page 1, and know its contents and that the facts stated therein are true and correct:

Signature

Title

Printed Name

Date

State of Arkansas
County of _____

On this the _____ day of _____, 20____, before me, _____, the undersigned notary,

personally appeared _____ known to me (satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Notary Seal]

Notary Public: _____

My Commission Expires: _____