

**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you agree to comply with the Commission's notice and enrollment requirements for unaffiliated video programming providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If applicable, do you agree to file changes to your cost allocation manual at least 60 days before the commencement of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	
Name:	Signature:
Title:	Date: