

INSTRUCTIONS FOR FCC FORM 325

ANNUAL REPORT OF CABLE TELEVISION SYSTEMS

This is the instruction sheet for the new FCC Form 325. You are required to fill out the form showing operations on a typical day in the last full week of December of the filing year and to file the Form 325 with the FEDERAL COMMUNICATIONS COMMISSION, MEDIA BUREAU, WASHINGTON, DC 20554 within sixty (60) days of receipt of the notification letter. If the system has different channel capacities and channel usage in different parts of the system, fill out the form based on the portion of the system that has the most subscribers. If you sold this system, you are requested to forward the notification letter and instructions to the new owner and notify the FCC. The form must be completed and filed via the COALS electronic filing system (www.fcc.gov/coals). Failure to complete the form within sixty (60) days of receipt of notification may subject the operator to monetary forfeiture pursuant to Section 503(b) of the Communications Act of 1934, as amended. Operators who wish to designate any information on the Form 325 as proprietary must submit the request pursuant to 47 C.F.R. § 0.459 as an exhibit to this form and state to which fields the request applies. Pursuant to § 0.459(c) casual requests will not be considered. If there are any questions regarding this form, contact the FCC's Media Bureau staff at (202) 418-7000.

I. OPERATOR INFORMATION

Provide the cable operator legal name and complete mailing address including zip code in the spaces provided. The operator legal name must match the Registration Statement filed pursuant to 47 C.F.R. § 76.1801 or the most recent Operational Information Change filed pursuant to 47 C.F.R. § 76.1610.

II. GENERAL INFORMATION

1) Physical System Identification Number (PSID) – The six-digit number assigned by the Commission to each headend.

2) Subscriber Information

- a) **Number of subscribers** – Total number of basic subscribers on the system computed according to the following method: Number of single family dwellings + number of individual households in multiple dwelling units (apartments, condominiums, mobile home parks, etc.) paying at the basic subscriber rate + bulk rate customers + courtesy and free service. NOTE: Bulk-rate customers = total annual bulk-rate charge divided by basic annual subscription rate for individual households.
- b) **Number of potential subscribers** – Total number of single family dwellings + total number of individual households in multiple dwelling units (apartments, condominiums, mobile home parks, etc.) for all locations with access to the existing cable plant (i.e. homes passed).
 - i.) **Overbuilt system** – Was this system built over an existing operational system?
 - ii.) **Number of homes passed which are overbuilt** – The number of the system's total homes passed which overlap the existing system.
 - iii.) **Name of incumbent operator(s)** – The legal name of the incumbent cable operator(s) serving the same area.
- c) **Number of cable modem subscribers** – Number of cable modem data service subscribers in the system.
- d) **Number of telephony subscribers** – Number of subscribers receiving telephony services through the cable system.

3) Equipment Information

- a) **Number of leased cable modems** – Total number of leased cable modems deployed throughout the system.
- b) **Total number of leased set-top boxes** – Total number of leased set-top boxes deployed in the system.
 - i.) **Analog set-top boxes leased** – Number of leased set-top boxes deployed that are designed to receive only analog video services.
 - ii.) **Hybrid set-top boxes leased** – Number of leased set-top boxes that are designed to receive both analog and digital video services.
 - iii.) **Digital set-top boxes leased** – Number of leased set-top boxes that are designed to receive only digital video services.

4) Plant Information

- a) **Identify the type of system** – Please describe the type of delivery system used (i.e. xDSL, fiber to the home, HFC network, or other).
 - i.) **Length of coaxial cable plant** – For HFC and traditional cable systems, enter the number of kilometers of coaxial cable used in the plant (excluding drops) rounded to the nearest km.
- b) **Length of fiber optic plant** – Number of sheath kilometers of optical fiber used in the plant (excluding optical fiber not in use or dark fiber) rounded to the nearest km.
- c) **Number of fiber optic nodes** – Number of locations within the system where signals are converted from optical signals to RF signals, commonly referred to as nodes.
 - i.) **Average number of subscribers per node** – The average number of subscribers served from these nodes.
- d) **Is the system part of a cluster** – Indicate whether the cable system is situated in close proximity to any other commonly owned or managed cable system(s) that are operated on an integrated basis through the use of common personnel, marketing, or shared use of technical facilities.
 - i.) **Number of systems in cluster** – The number of systems included in the cluster.
 - ii.) **Number of subscribers in cluster** – The total number of subscribers served by the cluster.
- e) **Does the facility use CARS links** – Indicate whether the system uses Cable Television Relay Service (CARS) links for the transmission/reception of signals.
 - i.) **Call signs** – Provide a list of all call signs used by the system.

III. FREQUENCY AND SIGNAL DISTRIBUTION INFORMATION

1. Upstream Spectrum

- a) **Available upstream spectrum** – Total amount of upstream radio frequency (RF) spectrum available to transmit from subscribers, measured in MHz (e.g. 5-42 MHz), that the majority of the plant is capable of carrying, determined by the design specifications of the cable plant and functional active and passive network elements regardless of whether that spectrum is used to transmit signals back to the headend.
- b) **Maximum activated upstream spectrum** – The maximum amount of activated upstream RF spectrum (e.g. 30 MHz) currently occupied by signals being transmitted from subscribers back to the headend.

2. Downstream Spectrum

- a) **Available downstream spectrum**– Total amount of downstream RF spectrum available to transmit communications to subscribers measured in MHz (e.g. 54-450 MHz), that a majority of the plant is capable of carrying.
- b) **Maximum activated downstream spectrum** – The maximum amount of activated downstream RF spectrum (e.g. 550 MHz) currently occupied by signals being transmitted to subscribers.

3. Video Channels

- a) **Analog video channels capacity/carried** – Number of 6MHz channels the system has allocated to analog video programming and the number of analog video channels the system actually uses for analog video programming.
- b) **Digital video channels capacity/carried** – Number of 6 MHz channels the system has allocated to digital video programming and the number of digital video channels the system actually uses for digital video programming.

4. **Number of digital streams per 6 MHz** – The largest number of video streams carried within a 6 MHz bandwidth, determined by the equipment modulating these signals onto the system.

5. **Modulation method used** – Indicate the digital modulation techniques used for transmission of digital video signals in the system (8-VSB, 64-QAM, 256-QAM). If another modulation method is used, please specify.

IV. CHANNEL LINE-UP

In this section, for each program name carried on the system list the type, format, and tier as defined below. Attach additional sheets if needed.

Program Name – The call sign of the TV broadcast station or abbreviation for the pay TV service or non-broadcast (usually satellite delivered) service distributed on the system (e.g. ESPN, CSPAN, HBO). Please do not include audio services such as FM radio or digital music services.

Type – The type of programming as defined below:

- 1 – Broadcast Must Carry
- 2 – Broadcast Retransmission Consent
- 3 – Leased Access
- 4 – Public Access
- 5 – Government Access
- 6 – Educational Access
- 7 – Local Origination
- 8 – Cable Network
- 9 – Other

A/D/H – Indicate whether the programming is transmitted over the system in analog (A), digital (D) or digital high definition (H) (e.g. 1080i or 720p) format.

Tier – The tier in which the programming is contained, abbreviated as follows:

- B – Basic
- E – Cable Programming Services Tier (CPST)/Expanded Basic Tier
- P – Premium
- M – Pay Per View
- O – Other

V. CERTIFICATION

Certification of this report is required in accordance with the Commission's Rules. It shall be certified by the individual owning the reporting system, if individually owned; by a partner, if a partnership; by an officer of the corporation, if incorporated; or by a representative holding power-of-attorney in case of physical disability or an individual owner in his/her absence from the United States.



FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554

ANNUAL REPORT OF CABLE TELEVISION SYSTEMS

FCC Form 325

I. Operator Information

Cable Operator Legal Name			
Mailing Address	City	State	Zip Code

II. General Information

1) **PSID:** _____

<p>2) Subscriber Information</p> <p>a) Number of subscribers served by system _____</p> <p>b) Number of potential subscribers (homes passed) _____</p> <p> i.) Is this an overbuilt system? Yes / No</p> <p> ii.) Number of homes passed which are overbuilt _____</p> <p> iii.) Name of incumbent operator(s) _____</p> <p>c) Number of cable modem subscribers _____</p> <p>d) Number of telephony subscribers _____</p> <p>4) Plant Information</p> <p>a) Please identify the type of system:</p> <p> <input type="checkbox"/> xDSL <input type="checkbox"/> Fiber to the home</p> <p> <input type="checkbox"/> HFC/Cable <input type="checkbox"/> Other, Please specify _____</p> <p> i.) For HFC/Cable, length of coaxial cable plant (in km) _____</p> <p>b) Length of fiber optic cable plant (in sheath km) _____</p> <p>c) Number of fiber optic nodes _____</p> <p> i.) Average number of subscribers per node _____</p> <p>d) Is the system part of a cluster of cable systems? Yes / No</p> <p> i.) Number of systems in the cluster _____</p> <p> ii.) Number of subscribers in cluster _____</p>	<p>3) Equipment Information</p> <p>a) Number of leased cable modems _____</p> <p>b) Total number of leased set-top boxes (STBs) _____</p> <p> i.) Analog STBs leased _____</p> <p> ii.) Hybrid STBs leased _____</p> <p> iii.) Digital STBs leased _____</p> <p>e) Does facility use CARS microwave links? Yes / No</p> <p> i.) If yes, list all call signs below:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td><td style="width: 25%; height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>																				

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III. Frequency and Signal Distribution Information

<p>1) Upstream Spectrum</p> <p style="padding-left: 20px;">a) Available _____</p> <p style="padding-left: 20px;">b) Maximum Activated _____</p> <p>2) Downstream Spectrum</p> <p style="padding-left: 20px;">a) Available _____</p> <p style="padding-left: 20px;">b) Maximum Activated _____</p>	<p>Lower limit (MHz) Upper limit (MHz)</p> <p>_____</p> <p>Total (MHz)</p> <p>_____</p> <p>Lower limit (MHz) Upper limit (MHz)</p> <p>_____</p> <p>Total (MHz)</p> <p>_____</p>	<p>Capacity</p> <p>Carried</p>	<p>3) Video Channels</p> <p style="padding-left: 20px;">a) Analog video channels _____</p> <p style="padding-left: 20px;">b) Digital video channels _____</p> <p>4) Largest number of digital streams per 6 MHz: _____</p> <p>5) Modulation method used for video delivery:</p> <p><input type="checkbox"/> 8 VSB <input type="checkbox"/> 64 QAM</p> <p><input type="checkbox"/> 256 QAM <input type="checkbox"/> Other</p> <p style="padding-left: 100px;">Please specify _____</p>
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IV. Channel Line-up

	Program Name	Type	A/D/H	Tier		Program Name	Type	A/D/H	Tier
1.					20.				
2.					21.				
3.					22.				
4.					23.				
5.					24.				
6.					25.				
7.					26.				
8.					27.				
9.					28.				
10.					29.				
11.					30.				
12.					31.				
13.					32.				
14.					33.				
15.					34.				
16.					35.				
17.					36.				
18.					37.				
19.					38.				

IV. Channel Line-up (Continuation Sheet)

	Program Name	Type	A/D/H	Tier
39.				
40.				
41.				
42.				
43.				
44.				
45.				
46.				
47.				
48.				
49.				
50.				
51.				
52.				
53.				
54.				
55.				
56.				
57.				
58.				
59.				
60.				
61.				
62.				
63.				
64.				
65.				
66.				

	Program Name	Type	A/D/H	Tier
67.				
68.				
69.				
70.				
71.				
72.				
73.				
74.				
75.				
76.				
77.				
78.				
79.				
80.				
81.				
82.				
83.				
84.				
85.				
86.				
87.				
88.				
89.				
90.				
91.				
92.				
93.				
94.				

IV. Channel Line-up (Continuation Sheet)

	Program Name	Type	A/D/H	Tier		Program Name	Type	A/D/H	Tier
95.					123.				
96.					124.				
97.					125.				
98.					126.				
99.					127.				
100.					128.				
101.					129.				
102.					130.				
103.					131.				
104.					132.				
105.					133.				
106.					134.				
107.					135.				
108.					136.				
109.					137.				
110.					138.				
111.					139.				
112.					140.				
113.					141.				
114.					142.				
115.					143.				
116.					144.				
117.					145.				
118.					146.				
119.					147.				
120.					148.				
121.					149.				
122.					150.				

V. Certification

<u>CERTIFICATION</u>		
I CERTIFY THAT I HAVE EXAMINED THIS REPORT, AND THAT ALL STATEMENTS OF FACT CONTAINED THEREIN ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND ARE MADE IN GOOD FAITH		
Print Full Name	Print Title	
Signature	Date (mm/dd/yyyy)	Telephone No. ()

Willful false statement made on this form is punishable by fine and/or imprisonment.

(U.C. CODE, TITLE 18, SECTION 1001)

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will take an average of 2.166 hours (2 hours and 10 minutes). Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERF, Paperwork Reduction Act Project (3060-0061), Washington, DC, 20554. We will also accept your comments via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember, under 5 CFR Section 1320, you are not required to respond to this collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection of information, unless it displays a current valid OMB control number, or if we fail to provide you with this notice. The OMB control number for this collection is 3060-0061.

THE FORGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LA W 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.