



NEW JERSEY BOARD OF PUBLIC UTILITIES

**OFFICE OF CABLE TELEVISION
REGISTRATION FOR MUNICIPAL AGGREGATORS
Two Gateway Center
Newark, NJ 07102**

CABLE TELEVISION FRANCHISING PRIVATE AGGREGATOR REGISTRATION INSTRUCTIONS

All requested information refers to requirements of the BPU

ALL PRIVATE AGGREGATORS MUST REGISTER WITH THE OFFICE OF CABLE TELEVISION pursuant to N.J.S.A 48:5A-64 and N.J.A.C. 14:17-6.22.

- ? All registration forms submitted to the Board of Public Utilities must be completed and include all documents and attachments.
- ? Type or print all answers. Do not leave any questions unanswered. If a question is not applicable to you or if the answer is "none," please type or print N/A or NONE.
- ? Any question which is answered "yes" requires a detailed explanation. Attach a separate schedule providing details. Failure to provide adequate information will cause a delay in processing the registration form.
- ? All forms for registration must be properly sworn to, signed and dated by:
 - Corporate president and secretary, if a corporation;
 - Member of the partnership and a witness, if a partnership; or
 - The sole proprietor and a witness if a sole proprietorship, in the spaces provided for attestation.
- ? Corporate seal or a facsimile of same must be affixed in the case of a corporate Aggregator. Signatures must be witnessed by a notary or attorney.

Return completed form to:

**New Jersey Board of Public Utilities
Office of Cable Television
Two Gateway Center
Newark, NJ 07102
Fax (973) 648-3135**

On line registration is not available.

**New Jersey Board of Public Utilities
Registration for Private Cable Aggregator
Two Gateway Center
Newark, NJ 07102**

RE: NJBPU Internet Website Information Disclosure

Please provide the following information for inclusion on the Board's website listing for Private Aggregators for Cable Television Franchising.

**Name and Office Address of Aggregator:
(Provide New Jersey office address or agent)**

Business Phone Number: _____
Toll Free Customer Service Phone #: _____
Aggregator Internet Address: _____
E-Mail Address: (For internal Board use only) _____

Please provide the Franchise Service Territory where your firm plans to market upon registration, if a specific area has been targeted. If all please indicate such:

List information for each cable operator:

Name of New Jersey Cable Company	Service Territory:
_____	_____
_____	_____
_____	_____
_____	_____

**REPLY TO: NJBPU Office of Cable Television
FAX: 973-648-3135**

PLEASE NOTIFY THE OFFICE OF CABLE TELEVISION OF ANY CHANGES SUBSEQUENT TO FILING

Celeste M. Fasone
Director



Charles A. Russell
Deputy Director

**STATE OF NEW JERSEY
BOARD OF PUBLIC UTILITIES
OFFICE OF CABLE TELEVISION
Two Gateway Center
Newark, NJ 07102
(973) 648-2670
www.bpu.state.nj.us**

**CABLE TELEVISION FRANCHISE
PRIVATE AGGREGATOR REGISTRATION FORM**

I. Organization and Management
(to be completed by all Registrants)

PLEASE TYPE OR PRINT

1. Legal Name of Registrant: _____

D/B/A or Trade Name (if applicable): _____

2. a.) Principal Business Address: _____

b.) Telephone No. (____) _____

c.) Fax No. (____) _____

d.) E-mail address: _____

e.) Internet Address: _____

f.) Mailing address, if different from above:

3. Name, address & telephone number of New Jersey Resident Agent:

Business Information

4. Please indicate the type of duly organized business or non-profit organization:

(a) ___ Corporation _____
(date of incorporation and state)

(b) ___ Partnership _____
(date of partnership agreement)

(c) ___ Proprietorship _____
(type)

(d) ___ Non-profit (describe) _____

5. Provide a copy of the completed NJ Public Records filing for New Business Entity or the completed Business Registration Application.

6. Key Operating Personnel (E.G. Principals, Engineer, Accountant, Consultant, Attorney and/or Regulatory contact persons) to be responsible for conduct of Registrant's business in New Jersey: Please provide names, titles and telephone numbers and years of experience in cable franchising for any Directors, Officer's, Partners or Sole Proprietors. :

<u>NAME</u>	<u>TITLE</u>	<u>TELE NO.</u>	<u>YRS. EXP.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Personnel indicated above shall serve as the contact points for OCTV representatives or municipal officials during the normal course of business.

7. Is the Registrant or any key operating personnel, officers, directors, partners, owners or listed stockholders now under investigation in New Jersey or any other state or federal jurisdiction, in connection with the sale or delivery of cable television, consulting or for any other business operation?
Yes _____ **No** _____

If yes, provide details.

8. Has the Registrant or any key operating personnel, officers, directors, partners, owners or listed stockholders been charged, indicted, arrested or convicted of any offense, crime, misdemeanor or disorderly persons charge in New Jersey, any other state, or by the Federal Government (excluding motor vehicle violations)? **Yes** _____ **No** _____

If yes, provide details.

9. Has the Registrant or any key operating personnel, officers, directors, partners, owners or listed stockholders had a license, or right to engage in business or profession, revoked, denied, suspended or restrained by any agency in New Jersey, any other state, or by the Federal Government, in connection with the sale or delivery of cable television, consulting or any telecommunications business?
Yes _____ **No** _____

If yes, provide details.

10. Within the past year, has the Registrant or any of the operating personnel, officers, directors, partners, or owners been investigated or involved as a defendant in any regulatory proceeding?
Yes _____ **No** _____

If yes, give particulars containing date of such investigation or litigation, regulatory body or authority initiating such proceeding and resolution.

Cable Experience

1. If the Registrant has cable television experience in New Jersey please provide a narrative and list all cable television or cable franchise experience by Registrant or any principal (or parent corporation or another subsidiary of parent)

2. If the Registrant has cable television experience in states other than New Jersey, please provide a narrative and list all cable television or cable franchise experience by Registrant or any principal (or parent corporation or another subsidiary of parent)

CERTIFICATION UNDER OATH

1. I, _____, hereby certify that I am the _____ of the
(Type or print name) (Title)
_____ and have been authorized to file this registration form
(Name of company)

and certification on behalf of the Registrant.

2. I hereby certify that I have carefully examined all of the statements contained in this registration and in the attachments hereto and made a part hereof, that I have knowledge of the matters set forth herein, that all statements made and matters set forth herein are true and correct to the best of my knowledge, information, and belief and that I know of no material omission. I am aware that submitting false or misleading information in connection with this registration form, and may subject me, the Registrant and other responsible persons on behalf of the Registrant to penalties of perjury, as well as to other civil or criminal penalties.

3. I hereby certify that the Registrant agrees to comply with all standards, rules and regulations applicable to this registration.

Dated this _____ day of _____, _____ at _____
(day) (month) (year) (location)

Signature: _____

(title)

NOTARIZATION:
