

INSTRUCTIONS FOR FCC FORM 322

CABLE COMMUNITY REGISTRATION

Before commencing operation, a cable system operator must send registration information for each community to be served to the Commission (47 CFR § 76.1801). The purpose of the registration statement is to provide an accurate and updated record of all cable systems operating in the United States. Each community must have its own separate registration statement. Each registration shall include an FCC Form 159 (Fee Filing Form), accompanied by the appropriate fee (see Media Bureau Fee Filing Guide to obtain fee information). The Commission will assign a community unit identifier (CUID) when the registration process is complete.

1. Provide the cable operator's legal name, FCC registration number (FRN), any assumed name for doing business as (dba) in the community, complete mailing address including zip code, and telephone number in the spaces provided.
2. Indicate whether the operator is an individual, private association, partnership, corporation, or government entity by checking the appropriate box. If the operator is a partnership, the legal name of the partner responsible for communications with the Commission shall be supplied.
3. In the spaces provided, indicate the contact name, telephone number, and e-mail address, if any, for the person(s) responsible for questions regarding this form.
4. Provide the Physical System Id (PSID) of the existing headend serving the community in the space provided. If the community is being served from a new headend that does not yet have a PSID, a new PSID will be assigned to this community.
5. In the space provided, indicate the month and year when the community began service.
6. Provide the community's name, the state and county where the community is located, and indicate the type of community. Possible community types are:

<u>Type Code</u>	<u>Description</u>	<u>Type Code</u>	<u>Description</u>
0	Unincorporated unnamed county or parish	5	Incorporated Town
1	Unincorporated area adjacent to an incorporated community	6	Incorporated Village
2	Incorporated Township	7	Unincorporated area commonly known as
3	Incorporated Borough	8	Privately owned / Non-government
4	Incorporated City	9	Federal Reservation or State

7. In the table provided, list the local television broadcast signals (i.e. call signs) to be carried that have not been previously certified or registered.
8. This form is to be personally signed and dated by the operator; by one of the partners, if the operator is a partnership; by an officer, if the operator is a corporation; by a member who is an officer, if the operator is an unincorporated association; or by any duly authorized employee of the operator. Registration statements may be signed by the operator's attorney in case of the operator's physical disability or of his absence from the United States. The attorney shall in that event separately set forth the reasons why the registration statement was signed by the operator. In addition, if any matter is stated on the basis of the attorney's belief only (rather than the attorney's knowledge), the attorney shall separately set forth the reasons for believing that such statements are true.

Send completed Form 322 and along with fee Form 159 to:

**Federal Communications Commission
Media Bureau
P.O. Box 358205
Pittsburgh, PA 15251-5205**



FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, DC 20554

CABLE COMMUNITY REGISTRATION

FCC Form 322

1. Indicate the name, mailing address, and telephone number of the cable system operator.

Form with fields: Legal Name, FCC Registration No. (FRN), Assumed/ doing business as (dba) name, Mailing Address, City, State, Zip Code, Telephone No., Email (optional).

2. Indicate whether the operator is an individual, private association, partnership, corporation, or government entity.

Individual [] Private Association [] Partnership [] Corporation [] Government Entity []

3. Indicate the name, telephone number, and e-mail address (if any) of the person responsible for questions regarding this form.

Form with fields: Name of Contact, Telephone No., E-mail Address.

4. Indicate the Physical System Identifier (PSID) if the community will be served by an existing system

5. Provide a date (MM/YYYY) when this community began service.

6. Indicate the community name, county, state, and type code of the community from the list provided in the instructions.

Form with fields: Name of Community, County, State, Type Code.

7. Indicate the local television broadcast signals (i.e. call signs) to be carried on this system.

Table with 8 columns for listing broadcast signals.

8. Certification

By signing below, the operator also certifies that neither the operator nor any other "party" to the notification is subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862. For the definition of a "party" for this purpose, see 47 C.F.R. § 1.2002(b).

Form with fields: Type or Print Name, Title, Signature, Date.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. § 1001) AND/OR REVOCATION OF ANY STATION LICENSE (47 U.S.C. § 312 (a) (1)), AND/OR FORFEITURE (47 U.S.C. § 503).