



# Provisioning Completion Notice (PCN)

Effective: 02/25/2024

| Field    | Description                        | Form | Notes                                                                                                                                                                                                                                                                                                                                                                                                                        | Required/<br>Optional /<br>Conditional | Length | Characteristics |
|----------|------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------|-----------------|
| CCNA     | Customer Carrier Name Abbreviation | LSR  |                                                                                                                                                                                                                                                                                                                                                                                                                              | optional                               | 3      | A               |
| CC       | Company Code                       |      |                                                                                                                                                                                                                                                                                                                                                                                                                              | optional                               | 4      | A/N             |
| PON      | Purchase Order Number              | LSR  |                                                                                                                                                                                                                                                                                                                                                                                                                              | required                               | 16     | A/N             |
| LSR NO   | Local Service Request Number       |      |                                                                                                                                                                                                                                                                                                                                                                                                                              | optional                               | 18     | A/N             |
| VER      | Version                            | LSR  |                                                                                                                                                                                                                                                                                                                                                                                                                              | conditional                            | 2      | A/N             |
| AN       | Account Number                     |      |                                                                                                                                                                                                                                                                                                                                                                                                                              | conditional                            | 20     | N               |
| ATN      | Account Telephone Number           | LSR  |                                                                                                                                                                                                                                                                                                                                                                                                                              | optional                               | 10     | N               |
| RD/TSENT | Response Date and Time Sent        |      | Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31)<br>Two Digit hour (00-23)<br>: (colon)<br>Two Digit Minute (00-59)<br>: (colon)<br>Two Digit Second<br>(00-59)<br><br><b>EDI Format</b><br>Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31)<br>Two Digit hour (01-12)<br>Two Digit Minute (00-59)<br>AM or PM | required                               | 17     | A/N             |
| EATN     | Existing Account Telephone Number  | EU   |                                                                                                                                                                                                                                                                                                                                                                                                                              | conditional                            | 10     | N               |
| DD       | Due Date                           | n/a  | Should match the DDD<br>Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31)                                                                                                                                                                                                                                                                                              | optional                               | 10     | A/N             |
| CD       | Provisioning Completion Date       |      | Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31)                                                                                                                                                                                                                                                                                                                      | required                               | 10     | A/N             |



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|---------|-------------------------------------|------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------|-----------------|
| PPCD    | Provisioning Posted Completion Date |      | Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31)                         | required                               | 8      | A/N             |
| RT      | Response Type                       | n/a  | X                                                                                                                               | required                               | 1      | A               |
| EBD     | Effective Bill Date                 | n/a  | Should match the DDD<br>Two Digit Century (00-99)<br>Two Digit Year (00-99)<br>Two Digit Month (01-12)<br>Two Digit Day (01-31) | conditional                            | 10     | A/N             |
| REP     | Provider Contact Representative     | n/a  | Likely a default contact name and number                                                                                        | optional                               | 15     | A/N             |
| TEL NO  | Telephone Number                    | n/a  | Likely a default contact name and number                                                                                        | optional                               | 12*    | A/N*            |
| FEP     | Fiber Environment Provisioned       | n/a  | A Fiber<br>B Copper                                                                                                             | conditional                            | 1      | A               |
| ORD     | Order Number                        | n/a  | Service Order Numbers                                                                                                           | optional                               | 20     | A/N             |
| REMARKS | Remarks                             | n/a  | Echo from Remarks on original Order                                                                                             | optional                               | 160    | A/N             |

**Form Note: \*\*Frontier does not pass edits on PCN response fields. Field length showing is normal response, not maximum.**



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## Appendix A – Change Log

| Date       | Release              | Field | Change Description        |
|------------|----------------------|-------|---------------------------|
| 07/16/2021 | October 2021 Release | All   | Update version to 9.30.24 |
| 07/15/2022 | October 2022 Release | All   | Update version to 9.30.25 |
| 03/20/2023 | June 2023 Release    | All   | Update version to 9.30.26 |
|            |                      |       |                           |
|            |                      |       |                           |
|            |                      |       |                           |

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