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| EDGE COLOCATION ACCESS CARD and Photo I.D. APPLICATION |
| Sections 1-5 must be fully completed. Please type or print information legibly in dark ink. If submitting a hardcopy, it must bear the original signature. Facsimiles will not be accepted. By submitting an electronic version of this application, the submitter agrees that this document shall be as effective as a physical paper document. If you need assistance, please first review the instruction document or you may call Frontier at 866-351-7673. |

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| **1. TYPE of Access Card: ( ) Initial ( ) Replacement(Lost/Stolen)\* ( ) Renewal(Expired)\*** (\*List the Card Number being renewed/replaced. An Incident Report must accompany lost/stolen/destroyed card applications.) **RENEWAL NOTE: Renewal requests will not be accepted more than 3 weeks in advance of the current expiration date.** |
| **2. Photo I.D.: ( ) Initial ( ) Replacement(Lost/Stolen)\* ( ) Renewal(Expired)\*** \*Existing HID Card No.: Expiration Date:  |
| 3. Access to which locations: (List Edge Colocation CLLI / State(s) on “Access Area” worksheet – link below)  |
| 4. Applicant Information:  |
| Name: (Last, First, MI) | Last 4-digits of SS #: | Date of Birth:  |
| Place of Birth:  |
| Company Name:  | Manager Name: | Manager Phone #:  |
| 24 Hour Contact Phone #:  |
| Company Address: (Street)  | City:  | State | Zip: |
| Is Applicant a U.S. Citizen? ( ) Yes ( ) No <> If No, list Alien Registration number here: |
| Applicant is a: ( ) Edge Colocator Employee or ( ) Edge Colocator Contractor  |
| Applicant Job Title:  |
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| **5. Edge Colocator Mailing Address:** (Must be the business address of the approved Secure Edge Colocator Point of Contact) |
| Attention:  | Company:  | Phone:  | E-Mail: |
| Address: | City:  | State:  | Zip:  |
| **Send completed Application & Photograph to Frontier:** |
| **Conventional Mail:** Frontier Communications   **ATTN:** Access Card & Badge Processing Unit 1500 MacCorkle Ave S.E., Rm-100 Charleston, WV 25396  | **E-Mail:**AccessCardRequest@ftr.com \*Photographs must be in JPEG format  |
| **FRONTIER REVIEWS & APPROVALS** (Frontier use only) (JCR/061002) |
| Department | Name: |  | Date |
| Edge Colocation Care Center |  |  |  |
| I. D. Center Security Review |  | Approved ( ) Rejected ( ) Attach explanation if rejected |  |
|  | **I.D. # Assigned:** |  |
| Billing Documents Submitted: |  |  |  |

[Access Area Worksheet](https://wholesale.frontier.com/-/media/wholesaledocs/access-area-worksheet.ashx)

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FORM INSTRUCTIONS

Complete each section of this form thoroughly. Please print. Incomplete or illegible forms cannot be processed. For assistance, please contact Frontier at 866 351-7673.

Definitions:

1. Initial – Employee has never had an access card issued by Frontier to access the Edge Colocation space.
2. Replacement\* – Access card was lost/stolen and needs replaced.
3. Renewal\* – Existing card has expired and needs to be renewed. NOTE: **Renewal requests will not be accepted more than 3 weeks in advance of the current expiration date.**
4. HID Card Number – Access Card number **NOT** Photo I.D number.
5. **Access Card:**
	1. Mark the appropriate selection based on the definitions provided above.
6. **Photo I.D.:**
	1. Mark the appropriate selection based on the definitions provided above.
	2. \*Existing HID Card No. – Print the HID Card ID number.
	3. Expiration Date: Print the expiration date of the Access (HID) & Photo I.D. card.

**\*\*\*NOTE: Commencing 04/01/2019 Frontier Security requires all Access Card requests (Initial / Renewal /**

 **Replacement) to include a current photo in JPEG format, no hat and no sunglasses. Security will no longer**

**accept / process Applications that do not have an up to date photo attached. Please make note of this change**

**going forward and take necessary actions to prevent processing delays**.

1. **Access to which locations:**
	1. List 8-digit CLLI Code / State(s) where access is needed for this technician on the Access Area worksheet.
2. **Applicant Information:**
	1. Applicant Name – Use full legal name. Nick names or common names may not be used.
	2. Last 4-digits of SS# - Provide the last 4-digits of the SS# ONLY. If this information is not provided, the application will not be processed.
	3. Date of Birth – Date of Birth (i.e. 01/01/1950).
	4. Place of Birth – City and State of Birth.
	5. Company Name – Name of company applying for I.D./Access Card.
	6. Manager Name – Name of technician’s Manager.
	7. Manager Phone # - Telephone number for Manager.
	8. 24 Hour Contact Phone # - 24 hour contact number.
	9. Company Address – Complete address, including any designations such as floor, suite, etc.
	10. Is Applicant a U.S. Citizen – Please indicate Yes or No. If no, list Alien Registration number in the space provided.
	11. Applicant is a – Please indicate either Edge Colocator Employee OR Edge Colocator Contractor in the space provided.
	12. Applicant’s Job Title.
3. **Edge Colocator Mailing Address (Must be the business address of the approved Secure Edge Colocator Point of Contact)**:
	1. Attention – Name of the Single Point of Contact.
	2. Company – Company name of Secure Edge Colocator.
	3. Phone – Telephone number of Single Point of Contact.
	4. E-mail – Email address of Single Point of Contact.
	5. Address: Please provide the Street, City, State, and Zip for the Single Point of Contact.