** Collocation Remote Terminal Equipment Enclosure (CRTEE)**

**Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE SENT |  | / |  | / |  |  | DATE REC’D |  | / |  | / |  |
| (FTR use only) | | | | | | | | | | | | |
| REVISION # |  | | (Please see Section IID) | | | | | | | | | |

1. **CUSTOMER INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | **Company** | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Street | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | City | | | |  | | | | | | | | | | | | | | State | | | |  | ZIP | |  | | | | |
| **2.** | | **Contact Name** (for questions related to thisapplication) | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | Telephone # | | | |  | | | | | Fax # | | |  | | | | | | | | E-mail Address | | | | |  | |
| **3.** | | **24 Hour Emergency Contact Telephone #** | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **4.** | | **Desired Service Date** | | | | | | |  | | | **/** |  | | | | **/** |  | | (in accordance with tariffed intervals) | | | | | | | | | |
| **5.** | | **ACNA** | |  | | | **AECN** | | |  | | | | |  | | | | | | | | | | | | |  |
| **6.** | | **Billing Information** | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | Billing Manager Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Company Name | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | City |  | | | | | | | | | | | | | | | | State | | | |  | | Zip Code | | |  | |

1. **REMOTE TERMINAL**
2. **Location of remote terminal. Please identify street address, city, state, and municipality. (If the location can not be identified by street name(s) please provide two other identifiers: i.e. pole numbers, manhole #, and/or landmarks).**
3. **Enter desired serving address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Central Office and CLLI CODE (CORT)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **APPLICATION QUERIES**

**Check all that apply.**

**Remote Terminal Preliminary Engineering Record Review**

**Remote Terminal Serving Addresses**

**Remote Terminal Site Survey for Space**

**Central Office Remote Terminal Inquiry**

1. **FEEDER DISTRIBUTION INTERFACE INTERCONNECTION**

**Has a Feeder Distribution Interface Interconnection (FDII) application been submitted prior to this application.**

**Yes** Please provide the FDII application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No**

1. **TYPE OF COLLOCATION REQUESTED**
2. **New Collocation Arrangement**

Please indicate the type(s) of collocation you are applying for, the associated tariff code under which you are applying (see Appendix A), your order of preference, as well as your desired and minimally acceptable requirements for each option selected on the chart below. Frontier uses this information to best meet your immediate collocation requirements. Please use “1” indicating your first preference, “2” indicating second preference. (If no tariff is indicated, Frontier will assume you are applying under the applicable State tariff)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Collocation Requested** | **Tariff**  **Code** | Order of **Preference** | **Desired # of ¼ Relay Racks** | **Minimum # of ¼ Relay Racks** |
| Physical |  |  |  |  |
| Virtual |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1. **Reason for Revision to previously submitted CRTEE Application.** | | |  |
|  |  | | |
|  | Original CRTEE Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

###### TYPE AND NUMBER OF TERMINATIONS TO BE CABLED

**Terminations to be cabled** are those that will be run between the collocated equipment, a Feeder Service Cross Connect, and/or the associated Telecommunications Carrier outside Plant Cabinet (TOPIC) to access cable facilities. Please indicate the quantity of each type of termination for each type of collocation requested in Section V for all desired and minimum configurations. Certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly. Please refer to Appendix B.

###### 

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Collocation** | **DS3 To**  **Feeder** | | **DS1** **To**  Feeder | | VG 2W To  **TOPIC** | | VG 4W To  **TOPIC** | | **Fibers** | |
|  | Desired | **Min** | Desired | **Min** | Desired | **Min** | Desired | **Min** | Desired | **Min** |
| *Physical* |  |  |  |  |  |  |  |  |  |  |
| *Virtual* |  |  |  |  |  |  |  |  |  |  |

###### DC POWER REQUIREMENTS

Please indicate your requirements for –48V Battery & Ground. Provide the total number of “A” feeds and/or the total number of “B” feeds for each type of collocation request. Indicate the requested load per feed and the fuse size per feed. The CLEC is responsible for the engineered power consumption of the collocation arrangement and should consider any special circumstances in determining load andfuse size of each feed. Fused capacity may be as high as but shall not exceed 2.5 times the load per feed and must be ordered consistent with industry standard fuse sizing shown below – Load must be ordered in whole numbers. Fractions will not be accepted. (Frontier bills for DC power in accordance with the applicable tariff provision, See Appendix C. Please note that the FCC tariff currently bills based on fused capacity.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Collocation | Source | **Qty of “A” Feeds** | Load  Per  **Feed** | **Fuse**  **Per**  Feed | **Qty of “B” Feeds** | **Load**  **Per**  **Feed** | **Fuse**  **Per**  **Feed** |
| Traditional Physical | Feed  Requirement 1 |  |  |  |  |  |  |
| Feed  Requirement 2 |  |  |  |  |  |  |
| Feed  Requirement 3 |  |  |  |  |  |  |
| Virtual | Feed  Requirement 1 |  |  |  |  |  |  |
| Feed  Requirement 2 |  |  |  |  |  |  |
| Feed  Requirement 3 |  |  |  |  |  |  |

|  |
| --- |
| When ordering multiple power feeds please indicate each requirement separately. Please provide a separate attachment when requesting four or more power feeds indicating each requirement separately. |

###### TECHNICAL EQUIPMENT SPECIFICATIONS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | List of equipment to be installed | | | | | | | | | | |
|  | | Please specify the manufacturer and model number, DC power load in AMPS, heat dissipation, dimensions (size), quantity and CLEI (Bellcore Common Language Equipment Identifier) for each piece of equipment to be installed. Please complete Attachment A, List of Plug-Ins (Cards) and provide a copy of the product’s technical description and a block diagram/schematic of the equipment layout. **This information is** **REQUIRED.** | | | | | | | | | | |
|  | Manufacturer/Model # | |  | Dimensions  HXWXD |  | QTY |  | DC Power Load  In AMPS |  | Heat Load  In BTU’s |  | CLEI | |
| **A\_\_\_\_\_\_\_\_\_** |  | |  |  |  |  |  |  |  |  |  |  | |
| **B** |  | |  |  |  |  |  |  |  |  |  |  | |
| **B**  **B>** |  | |  |  |  |  |  |  |  |  |  |  | |
| **C** |  | |  |  |  |  |  |  |  |  |  |  | |
| **D>** |  | |  |  |  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.** | **NEBS Conformance Requirements** | | | | | | |
|  | All equipment and framework (relay racks) to be installed or placed in Frontier Controlled Environment Vaults, (CEVs) Huts, Remote Terminal Equipment Enclosures (RTEE) must be tested to, and are expected to meet the NEBS Level 3 requirements. ***A properly completed NEBS Conformance Checklist and the*** ***supporting data for the Risk/Hazard Related elements for all equipment and framework*** (as identified in the NEBS Equipment Protection Cross-Reference Section of the Frontier CLEC Handbook) ***is required and*** ***must be submitted to Frontier Technology & Engineering/Maintenance Engineering. Failure to provide this information may delay processing of this application.***  The NEBS Conformance Check List, detailed instructions and address for submission can be found on <https://wholesale.frontier.com/collocation-and-licensing> | | | | | | |
|  | **Date Submitted to Technology and Engineering/Maintenance Engineering:** | | | | |  | |
|  | If the NEBS Conformance Check List and supporting documentation for the equipment to be installed on this application has been submitted with a prior application, please provide the following: | | | | | | |
|  | Date Submitted: |  | Location : |  | Control #: | |  |
|  |  | | | | | | |

**Note: Frontier will be responsible to install all equipment for both physical and virtual CRTEE.**

1. **ADDITIONAL REQUIREMENTS FOR COLLOCATION REMOTE TERMINAL EQUIPMENT ENCLOSURE**
2. In addition to the information requested in Section VIII above, please provide the following:
   1. Outline specification which includes a wiring diagram
   2. A front equipment drawing showing where plug-ins are to be installed.
   3. Type of training to be provided
   4. Test Manuals for equipment.
3. Tools to be provided: Manufacturer: Model # :
4. Test Equipment to be provided: Manufacturer: Model # :
5. **CABLE AND CONDUIT INFORMATION**

**Frontier will install and terminate the cable into and within the RTEE. Cable connecting the TC network and the RTEE will be interconnected at a mutually agreed upon point per a field meeting of the TC and Frontier. All metallic cabling from the RTEE will be protected with Overvoltage protectors.**

1. Indicate origination and location of cable terminations. Be specific.
2. Fiber Cable Requirements:
3. Number of cables to be placed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Size of Cables (diameter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of Fibers per Cable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Type of Single Mode Fiber Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Loss Decibels per Kilometer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Copper Cable Requirements:
10. Number of cables to be placed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Size of Cables (diameter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Number of Pairs per Cable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
13. Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
14. # of Protectors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
15. Protector type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
16. Protector Manufacturer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
17. Protector Housing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
18. Size of Protector Housing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. Conduit Requirements:
20. Has a Licensing Agreement for this location been established?  Yes  No
21. If agreements have been established please provide the Contract Number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
22. Identify conduit ingress (e.g. Pole #, Manhole #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
23. Identify conduit egress (e.g. Pole #, Manhole #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  |  |  |

#### CERTIFICATE OF INSURANCE

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A Certificate of Insurance must be provided for all new sites prior to occupancy.** | | | | | | | | |
| Certificate Attached: | Yes |  | No | |  | If Yes, please provide expiration date: |  |
| If No, date certificate to be provided: | | | |  | | | | |

1. **REMARKS:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

1. **LOOP SBN (Special Billing Number) REQUIREMENTS**

If applying for collocation in CT, MA, ME, NH, NY, RI or VT please complete the form found in Appendix C in order to ensure that the appropriate SBNs are established for this collocation arrangement.

**Please submit this application and all supporting documentation to E-mail address:** [**Frontier.Implementation.Request@ftr.com**](mailto:Frontier.Implementation.Request@ftr.com)

**Please submit all application fees to:**

**Frontier – Special Billing Project**

**P.O. Box 639406**

**Cincinnati, OH 45263-9406**

**NOTE: Failure to provide all requested information and associated documentation may result in delays in the processing of this application.**

# APPENDIX A

**Frontier Collocation Tariffs\***

|  |  |  |
| --- | --- | --- |
| Federal Tariffs | **Code** | Products Offered |
| FCC 1 (DC, DE, MD, NJ, PA, VA, WV) | FCC1 | Traditional Physical, Virtual, SCOPE and CATT, CRTEE, USLA |
| FCC 11 (CT, MA, ME, NH, NY, RI & VT) | FCC11 | Traditional Physical, Virtual, SCOPE and CATT, USLA |
|  |  |  |
| State Tariffs |  |  |
| Connecticut No. 11 | CT11 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA |
| Delaware Schedule | DES | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA |
| Maine PUC 20 | ME20 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Maryland PSC 218 | MD218 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA |
| Massachusetts DTE 17 | MA17 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| New Hampshire PUC 84 | NH84 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| New Jersey BPU 4 | NJ4 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| New York PSC 8 | NY8 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Pennsylvania PUC 218 | PA218 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Rhode Island PUC 18 | RI18 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Vermont PSB 22 | VT22 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Virginia SCC 218 | VA218 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| Washington, D.C. PSC 218 | DC218 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |
| West Virginia Schedule 218 | WV218 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE |

# Note – Please check with the appropriate state commission to verify if a specific tariff is in effect.

**APPENDIX B**

**Ordering Increments for Cable Terminations**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRODUCT** | **TYPE** | | **FCC 1** Ordering Increments | **FCC 11** Ordering Increments | | | | **CT 11** Ordering Increments | | | | **DC PSC 218** Ordering Increments | | | | **DE Schedule** Ordering Increments | | | |
| Traditional Physical | DS3 | | 1 | 1 | | | | 1 | | | | 1 | | | | 1 | | | |
| DS1 | | 1 | 1 | | | | 28 | | | | 1 | | | | 1 | | | |
| 2W VG/LS | | # | # | | | | 100 | | | | 1 | | | | 1 | | | |
| 4W VG | | # | # | | | | 50 | | | | 1 | | | | 1 | | | |
| FIBER\* | | 12 | 2 | | | | 12 | | | | 12 | | | | 12 | | | |
| Virtual  Frontier Installs | DS3 | | 1 | 1 | | | | 1 | | | | 1 | | | | 1 | | | |
| DS1 | | 1 | 28 | | | | 28 | | | | 1 | | | | 1 | | | |
| 2W VG/LS | | # | # | | | | 100 | | | | 1 | | | | 1 | | | |
| 4W VG | | # | # | | | | 50 | | | | 1 | | | | 1 | | | |
| FIBER\* | | 2 | 2 | | | | 12 | | | | 2 | | | | 2 | | | |
|  |  | |  | | | |  | | | |  | | | |  | | | |  |
| PRODUCT | **TYPE** | | **MA DTE 17** Ordering Increments | | | | **MD PSC 218** Ordering Increments | | | | **ME PUC 20** Ordering Increments | | | | **NH PUC 84** Ordering Increments | | | | **NJ BPU 4** Ordering Increments |
| Traditional Physical | | DS3 | 1 | | 1 | | | | 1 | | | | 1 | | | | 1 | | |
| DS1 | 1 | | 1 | | | | 1 | | | | 1 | | | | 1 | | |
| 2W VG/LS | 1 | | 1 | | | | 1 | | | | 1 | | | | 1 | | |
| 4W VG | 1 | | 1 | | | | 1 | | | | 1 | | | | 1 | | |
| FIBER\* | 2 | | 12 | | | | 2 | | | | 2 | | | | 12 | | |
| Virtual Frontier Installs | | DS3 | 1 | | 1 | | | | 1 | | | | 1 | | | | 1 | | |
| DS1 | 28 | | 1 | | | | 28 | | | | 28 | | | | 1 | | |
| 2W VG/LS | 100 | | 1 | | | | 100 | | | | 100 | | | | 1 | | |
| 4W VG | 50 | | 1 | | | | 50 | | | | 50 | | | | 1 | | |
| FIBER\* | 2 | | 2 | | | | 2 | | | | 2 | | | | 2 | | |
|  | |  |  | | |  | | | |  | | | |  | | | |  | |
| **PRODUCT** | | **TYPE** | **NY PSC 8** Ordering Increments | | | **PA PUC 218** Ordering Increments | | | | **PA PUC 302** Ordering Increments | | | | **RI PUC 218** Ordering Increments | | | | **VT PSB 22** Ordering Increments | |
| Traditional Physical | | DS3 | 1 | | | 1 | | | | 1 | | | | 1 | | | | 1 | |
| DS1 | 28 | | | 1 | | | | 1 | | | | 1 | | | | 1 | |
| 2W VG/LS | 100 | | | 1 | | | | # | | | | 1 | | | | 1 | |
| 4W VG | 50 | | | 1 | | | | # | | | | 1 | | | | 1 | |
| FIBER\* | 12 | | | 12 | | | | 2 | | | | 2 | | | | 2 | |
| Virtual  Frontier Installs | | DS3 | 1 | | | 1 | | | | 1 | | | | 1 | | | | 1 | |
| DS1 | 28 | | | 1 | | | | 1 | | | | 28 | | | | 28 | |
| 2W VG | 100 | | | 1 | | | | # | | | | 100 | | | | 100 | |
| 4W VG | 50 | | | 1 | | | | # | | | | 50 | | | | 50 | |
| FIBER\* | 12 | | | 2 | | | | 2 | | | | 2 | | | | 2 | |

NA = Not Available

\* 2 fibers = 1 transmit and 1 receive

# Voice Grade service is not offered under tariff. Refer to the appropriate state tariff for voice grade cable terminations.

Note: When completing Section III – TYPE AND NUMBER OF TERMINATIONS TO BE CABLED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in Section III. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.

**APPENDIX C**

**REQUEST FOR SPECIAL BILLING NUMBER (SBN)**

**(CT, MA, ME, NH, NY, RI and VT only)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | CLEC Name | |  | | | | | | | | |
| **2.** | Frontier Central Office CLLI Code | | | | |  | | | | | |
| **3.** | CLEC 11 Character CLLI code (if known) | | | | | |  | | | | |
| **4.** | Central Office Street Address | | | |  | | | | | | |
|  | Central Office City | | |  | | | | State |  | Zip Code |  |
| **5.** | Please indicate the type(s) of SBNs you wish established (Check all that apply) | | | | | | | | | | |
| **SBN**  **Needed** | **USOC** | Types of Loops/UNEs to be ordered | | | | | | | | | |
|  | SVCXL | House & Riser, NID, 2W Analog ULLs, 2W Digital Premium (ISDN) | | | | | | | | | |
|  | UM8SX | 2/4W Customer Specified Signaling | | | | | | | | | |
|  | XQLV9 | 2W ADSL compatible unbundled loop, 2W Digital Designed Metallic Loop (18-30K ft),  2W ADSL/HDSL compatible unbundled loops 12K ft without Bridged Tapped,  2W ADSL compatible unbundled loops 18K ft without Bridged Tapped,  4W HDSL compatible unbundled loops 12K ft without Bridged Tapped,  2W Digital Premium (ISDN) loops with ISDN range electronics | | | | | | | | | |
|  | XQLW9 | 2W HDSL compatible unbundled loops 12K ft | | | | | | | | | |
|  | XQLY9 | 4W HDSL compatible unbundled loops 12K ft | | | | | | | | | |
|  | X2UXL | 2W analog M/V Loops | | | | | | | | | |
|  | S4VXL | 4W analog Loops | | | | | | | | | |
|  | X4UXL | 4W analog M/V Loops | | | | | | | | | |
|  | X4UXT | 2W digital M/V Premium (ISDN) loops, 2W/4W ADSL/HDSL M/V Loops | | | | | | | | | |

(M/V = loops that go from a virtual collocation arrangement or from a mux)

(FRONTIER Use Only)

Control # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

App Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment A**

**List of Plug-Ins (Cards)**

List all types of cards that will be used for each system. Use a separate sheet for each different system/shelf

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | | | CLEC Name | | | |  | | | | | |
| **2.** | | | **Contact Name** (for questions related to thisattachment) | | | | | |  | | | |
|  | | | Telephone # |  | | Fax # |  | | e-mail Address |  | | |

**Shelf/System**

|  |  |  |
| --- | --- | --- |
| **Manufacturer:** | **Model Name/Number:** | **Part Number:** |

**Plug-Ins (Cards) to be Installed in Above Listed Shelf**

List only one of each type

|  |  |
| --- | --- |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |
| **Model/Name** | **Part Number** |

|  |
| --- |
| **Remarks** |