



Feeder Distribution Interface Interconnection Application Instructions

Please fill in all information as instructed below:

Failure to provide all requested information could result in delays in the processing of this application.

I. CUSTOMER INFORMATION

1. **Company:** Name of Company applying for Collocation

Street: Address of Company include City, State, and ZIP

2. **Contact Name:** Name of person to whom all information should be conveyed or questions addressed.

Telephone #: Telephone # of Company contact Fax #: Fax # of Company contact

E-Mail Address: E-Mail address of Company contact

3. **24-Hour Emergency Contact Telephone #:** Enter Telephone of the 24-hour emergency contact.

4. **Desired Service Date:** Enter the date service is desired (in accordance with tariffed intervals).

5. **ACNA:** Enter the Access Carrier Name Abbreviation (ACNA) This is a three to four-character code used to identify a telecommunication company.

AECN: Enter the Alternate Exchange Carrier Name (AECN). A unique identifier for a CLEC.

6. **Billing Information:**

Billing Manager Name: Enter the name of the person to whom all billing information should be conveyed.

Company Name: Name of Company to which all billing information is to be provided

Street Address: Company address include City, State, and ZIP.

II. FEEDER DISTRIBUTION INTERFACE INTERCONNECTION

Please identify the location where the TOPIC (Telecommunications Outside Plant Cabinet) is to be placed. Be specific. The TOPIC must be installed within 100 feet of the FDI.

III. COLLOCATION REMOTE TERMINAL EQUIPMENT ENCLOSURE

Please indicate whether or not a Collocation Remote Terminal Equipment Enclosure (CRTEE) application has been submitted. Provide the CRTEE application # if available.

IV. APPLICATION QUERIES:

Check all that apply.

Feeder Distribution Interconnect Preliminary Engineering Record Review: Upon request, Frontier will provide a preliminary Engineering Records Review for a FDII identified to Frontier by the APP-002-011702-01 Issued: 09-21-05 2 CLEC. Frontier will conduct a search of its records and identify for the CLEC the type of FDII enclosure and the number of F2 loops terminated at the enclosure. Feeder Distribution Interconnect Serving Addresses: Upon request, Frontier will provide a range of addresses served by an FDII location.



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V. TYPE OF INTERCONNECTION REQUESTED

1. **New Arrangement** – Please indicate the associated tariff code under which you are applying (See Appendix A), as well as your desired and minimally acceptable requirements for the option selected. Frontier uses this information to best meet your immediate requirements.
2. Please provide a reason for the revision to a previously submitted FDI application and the application number.

VI. TECHNICAL EQUIPMENT SPECIFICATIONS

1. Please provide the following information for the TOPIC you will be installing;
Manufacturer/Model #, Dimensions (HxWxD), Quantity and type of modulator connector (710, or 3M).

Note: Frontier is responsible for all splicing of the interconnection cable to the termination block within the TOPIC. If the TOPIC is not equipped with connectors, please contact your local Frontier Outside Plant Engineer during this process.

Note: National Electric Code and National Electric and Safety Code Conformance Requirements: Frontier requires that the TOPIC will be grounded by the Telecommunication Carrier installing the facility. Frontier requires that a common ground location be made available to Frontier at the date of the installation of the Interconnect Cable.

VII. INTERCONNECT CABLE INFORMATION (TOPIC to FDI)

Frontier will place and splice the interconnection cable.

1. Identify the TOPIC location with relation to the FDI. Be Specific.
2. Enter the size of the interconnection cable requested. (*Please note there is a minimum ordering requirement of 100 pairs. Please order in 100 pair increments.*)

VIII. CERTIFICATE OF INSURANCE

A Certificate of Insurance must be provided for all new sites prior to occupancy. Please indicate whether or not you are providing the Insurance Certificate. If the Certificate is attached provide its expiration date. If the Certificate is not being provided with this application, please provide the date on which it will be submitted.

IX. Remarks

This field is to be populated with additional information that your Company would like to convey to Frontier. APP-002-011702-01 Issued: 09-21-05 3



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X. Loop Special Billing Numbers (SBN) Requirements

Please complete the Special Bill Numbers Request form found in Appendix B of this application. By submitting this form, you will be ensured that the appropriate SBN's are established for this collocation arrangement.

Please submit this application and all supporting documentation to E-mail address: WVCollocation@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.

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