**Feeder Distribution Interface Interconnection**

**Application**

(For use in the Frontier East regions)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE SENT |  | / |  | / |  |  | DATE REC’D |  | / |  | / |  |
|  (FRONTIER use only) |
| REVISION # | 1 | (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. **FEEDER DISTRIBUTION INTERFACE INTERCONNECTION**

Location of Feeder Distribution Interface Interconnection (Please be specific):

Note: The TOPIC must be installed within 100 feet of the FDI.

1. COLLOCATION REMOTE TERMINAL EQUIPMENT ENCLOSURE

Has a Collocation Remote Terminal Equipment Enclosure application been submitted prior to this application?

**[ ]  Yes Please provide the CRTEE application #: \_\_\_\_\_\_\_\_\_\_**

 **[ ]  No**

1. **APPLICATION QUERIES: check all that apply.**

**[ ]  Feeder Distribution Interconnect Preliminary Engineering Record Review**

**[ ]  Feeder Distribution Interconnect Serving Addresses**

1. **TYPE OF INTERCONNECTION REQUESTED**
2. **New Arrangement**

Please indicate the associated tariff code under which you are applying (see Appendix A), as well as the quantity for each type of termination requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Interconnection Requested** | **Tariff****Code** | **VG 2W** | **VG 4W** |
| **Feeder Distribution Interface Interconnect** |   |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reason for Revision**  | FRONTIER Control # from original application: \_\_\_\_\_\_\_\_ |  |
|  |  |
|  |  |

1. **TECHNICAL EQUIPMENT SPECIFICATIONS**
2. **Specify the type of TOPIC to be installed:**

Manufacturer/Model #: \_\_\_ \_\_\_\_\_\_\_\_\_\_

Dimensions (HxWxD): \_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Quantity: \_\_\_\_\_\_

Modulator Connector Type: [ ]  710 Connectors [ ]  3M Connectors [ ]  Blunt Cut

**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.

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

1. **INTERCONNECT CABLE INFORMATION**

**Frontier will place and splice all interconnection cable. (TOPIC TO FDI**)

1. Desired origination and termination points. Be specific
2. Size of Interconnection Cable Requested. \_\_\_\_\_\_\_\_ (Minimum 100 pairs)

 Please order in 100 pair increments. Additional facilities available in 100 pair increments.

1. **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:**

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

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 B 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**

**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 | NH80 | 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 914 | NY914 | 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 |
| Pennsylvania PUC 302 | PA302 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE |
| 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 217 | VA217 | Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE |
| 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 |
| VirtualFrontier 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 914** 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 |
| VirtualFrontier 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 B**

**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 |
|  | U7S2X | 2 Wire Transmission Channel |
|  | U7S4X | 4 Wire Transmission Channel |

 (FRONTIER Use Only)

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

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

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