



FOTS – Frontier Optical Transport Service – ACT N, REQ TYP SD

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Frontier Wholesale

Jurisdiction: All
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FOTS - Frontier Optical Transport Service - ACT N, REQTYP SD

Product Description

This service will be a point-to-point wavelength product and purchased to support the need for managed optical transport across our shared optical network. This product will dedicate one wavelength for each point-to-point circuit and can be used to connect a Customer designated premise to a Customer Point of Presence (POP) or to interconnect POP locations.



ASR Fields used for validating PONs

| Field | Description/Value |
|-----------|--|
| VTA | 12, 24, 36, 60 |
| SPEC Code | VELTEN |
| PNUM | POS 1-3 'VEL' or 'FOT' followed by Contract Number or ICB Number |
| FORMS | Transport |



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ASR Example

Optical Transport Service (FOTS) REQ TYP SD, ACT = N

- VFO TYPE: SA-2 Point

| New Connect to establish FOTS Point to Point Enduser to Enduser | |
|--|---|
| Administrative Form | |
| Key ASR Field | Value |
| DDD | Negotiated (Submit with minimum 18 day interval) Best Date will be returned on FOC |
| REQ TYP | SD |
| ACT | N |
| QSA | 01 |
| EXP | Populate only if Expedite is being requested |
| RTR | S, F or N |
| PIU | 100 |
| QTY | 1 |
| ACTL | Required – Must be a valid Special Access or Collocated ACTL |
| BAN | E, N or Valid CABS BAN |
| SPEC | VELTEN |
| ASC-EC | Required if more than one LEC is involved on NECA Route |



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| Bill Form | |
|------------------|---|
| ACNA | Identifies the COMMON LANGUAGE IAC code for the customer who should receive the bill for the ordered service |
| FUSF | Federal Universal Service Fee (FUSF). 1 alpha character Valid Values: E = Exempt Federal Universal Service Fee, N = Non-Exempt (Assessed) Federal Universal Service Fee |
| VTA | 12, 24, 36, 60 |
| PNUM | POS 1-3 = FOT or VEL |
| Contact | |
| INIT | Identifies the customer who originated the request |
| INITIATOR TEL | Telephone number of customer who originated the request |
| INIT EMAIL | Required. Identifies the electronic mail address of the initiator |
| DSGCON | Identifies the employee of the customer or agent who should be contacted on design/engineering/translation issues and to whom the Design Layout Report may be sent. Required when RTR is F or S |
| DSGCON TEL | Telephone number of employee of the customer or agent who should be contacted on design/engineering issues |
| IMPCON | Identifies the customer employee or office responsible installation and completion |
| IMPCON TEL | Identifies the telephone number of the implementation contact |



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| Transport Form | |
|--|---|
| NC | FOTS-Frontier Optical Transport |
| NCI | FOTS-Frontier Optical Transport |
| S25 | A |
| SECNCI | FOTS-Frontier Optical Transport |
| SECLOC | E |
| CCEA | Required if Collocated ACTL |
| SR | FOTS-Frontier Optical Transport Required. |
| Service Address Location Information (SALI) for Secondary Location | |
| EUNAME | Identifies the end user name associated with the Secondary location |
| SANO | Address Number |
| SASF | Address Number Suffix |
| SASD | Street Directional Prefix |
| SASN | Street Name |
| LD1,2,3 | Identifies additional information related to the service address. (e.g., building, floor, room) |
| LV1,2,3 | Identifies the value associated with the Location Designator of the service address. |
| CITY | City |
| SATH | Street Type |
| SASS | Street Directional Suffix |
| STATE | State |
| ZIP CODE | Zip Code |



Change Log

| Date | Page Number | Change |
|------------|-------------|------------------------------------|
| 08/21/2015 | Original | |
| 03/29/2018 | varies | Updated to correct PNUM and layout |
| 02/20/2020 | Page 4 | Change REQ TYP to SD |
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