|  |
| --- |
| COLLOCATION 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. |

|  |
| --- |
| **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 Collocation 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: ( ) Collocator Employee or ( ) Collocator Contractor  |
| Applicant Job Title:  |
|  |
| **5. COLLOCATOR Mailing Address** (Must be the business address of the approved Secure Collocator 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 |
| Collocation 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)

DISCLAIMER: THIS DOCUMENTATION IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT OBLIGATE FRONTIER TO PROVIDE SERVICES IN THE MANNER DESCRIBED IN THIS DOCUMENT. FRONTIER RESERVES THE RIGHT AS ITS SOLE OPTION TO MODIFY OR REVISE THE INFORMATION IN THIS DOCUMENT AT ANY TIME WITHOUT PRIOR NOTICE. IN NO EVENT SHALL FRONTIER OR ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS, REPRESENTATIVES OR SUPPLIERS BE LIABLE UNDER CONTRACT, WARRANTY, TORT (INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF FRONTIER), OR ANY OTHER LEGAL THEORY, FOR ANY DAMAGES ARISING FROM OR RELATING TO THIS DOCUMENT OR ITS CONTENTS, EVEN IF ADVISED OF THE POSSIBLITY OF SUCH DAMAGES.

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 Collocation 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 Collocator Employee OR Collocator Contractor in the space provided.
	12. Applicant’s Job Title.
3. **COLLOCATOR Mailing Address (Must be the business address of the approved Secure Collocator Point of Contact)**:
	1. Attention – Name of the Single Point of Contact.
	2. Company – Company name of Secure Collocator.
	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.