CATT APP FTR Use Only

Control #

App ID #

**CATT (COMPETITIVE ALTERNATE TRANSPORT TERMINAL) APPLICATION**

DATE SENT / / DATE REC’D / /

**I.** CUSTOMER INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Company:** |  |  |  |  |  |  |  |
| **Street:** | | | | | | | | |
|  | **City:** |  |  |  | State | | ZIP |  |
| **2.** | **Contact Name:** |  |  |  |  |  |  |  |
|  | Telephone # |  | Fax # |  |  |  | E-Mail Address |  |
| **3.** | **24 Hour Emergency Contact Telephone #** | | |  |  |  |  |  |
| **4.** | **Desired Service Date** | | **/** | **/** |  |  |  |  |
| **5.** | **Central Office CLLI Code** | |  |  |  |  |  |  |
|  | Street Address |  |  | City | |  |  | State |
| **6.** | **ACNA** | (If Applicable) |  |  |  |  |  |  |
| **7.** | **Billing Information** | |  |  |  |  |  |  |
| **Billing Manager Name** | | | | | | | | |
| **Company Name** | | | | | | | | |
| **Street Address** | | | | | | | | |
|  | **City** |  |  |  | **State** | | **Zip Code** | |
| **8.** | **Tariff** |  |  |  |  | (Indicate FCC1 or FCC11) | |  |

**II.** TECHNICAL EQUIPMENT SPECIFICATIONS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1. List of equipment to be installed by customer** | |  |  |  |  |  |
| Please specify the manufacturer and model number, dimensions (size), quantity to be installed  and the maximum number of fibers the equipment/terminal can accommodate. Please provide the type of equipment that would be used for both a vault and ASA installation. **This information is REQUIRED.** |
| Dimensions  Manufacturer/Model # (H x W x D) | |  |  |  | Quantity | Maximum  Fibers |
| Vault: |
| ASA: |
| **2. NEBS Conformance Requirements** | |  |  |  |  |  |
| All equipment to be installed or placed in Frontier Central Offices must be tested to, and is  expected to meet the NEBS (Level 3) family of requirements. ***A properly completed NEBS Conformance Checklist and the supporting data for the Risk/Hazard Related elements*** (as identified in the NEBS Equipment Protection Cross-Reference Section of the Frontier CLEC Handbook) ***is required and must be submitted to Frontier Technology and Engineering/Maintenance Engineering. Failure to provide this information may delay processing of this application.*** |
| **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 #: |  |

**III.** OUTSIDE PLANT FIELD SURVEY

**1. Cable Information**

A. Have Licensing Agreements for this location been established and issued?

Yes [ ] Please provide the following information:

Contract ID Number: Manhole “0” License Application # Manhole “0” Numbers designated on License Date Fiber in Manhole “0”:

. No [ ] Please indicate the desired direction from which cables will originate (be specific):

B. Dual Building Entrance Requested (where available): Yes [ ] No [ ]

|  |  |
| --- | --- |
| **2.** | **Cable Requirements** |
| A. | Number of Cables To Be Placed: |
| B. | Size of Cables (Diameter): |
| C. | Number of Fibers per Cable: |

**IV.** CUSTOMER’S VENDOR SELECTION

**1. Engineering Vendor**

Address

Telephone Number

**2. Outside Plant Vendor**

(for cable placement)

Address

Telephone Number

**3. Outside Plant Vendor**

(for cable splicing)

Address

Telephone Number

|  |  |  |
| --- | --- | --- |
| **4.** | **Installation Vendor** |  |
|  | (for equipment)  Address |  |
|  | Telephone Number |  |

**V.** 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: | | | |

**VI.** REMARKS:

**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 applicable 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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