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 installedand 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.** |
| DimensionsManufacturer/Model # (H x W x D) |  |  |  | Quantity | MaximumFibers |
| Vault:  |
| ASA:  |
| **2. NEBS Conformance Requirements** |  |  |  |  |  |
| All equipment to be installed or placed in Frontier Central Offices must be tested to, and isexpected 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**

 **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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