DATE SENT: / / DATE REC’D: / /\_\_\_\_

(FTR use only)

REVISION # (Please see Section III.C)

**NOTE:** Failure to provide all requested information and associated documentation may result in delays in the processing of this application.

1. **CUSTOMER INFORMATION**
2. **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **24 Hour Emergency Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Access Carrier Name Abbreviation (ACNA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Billing Information:**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone # (with ext., if appropriate): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_**

1. **DESIRED COLLOCATION SITE**

**1. Name of Central Office/Premise(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. CLLI CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Provide the 8-character Central Office CLLI (Common Language Location Identifier) Code that identifies the wire center. If the request is an augment to an existing arrangement, the 11-character CLLI is required.

1. **TYPE OF COLLOCATION REQUESTED**
2. **New Collocation Arrangement**

Please use one to four to rank the order of preference, “1” indicating the first preference, “2” indicating the next choice, etc.

1. **Requested Arrangement Type**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Collocation Requested** | | **Tariff Code**  **(Appendix B)** | **Order Of Preference** | **Requirements** | **Desired SQ. FT, Bay** | **Minimum SQ. FT, Bay** |
| Traditional Physical | **\*\***Inter **(**FCC) |  |  | Minimum of 100  Sq. Ft. |  |  |
| Intra (State) |  |  | Minimum of 25 Sq. Ft. |  |  |
| Virtual | Inter (FCC) |  |  | Number of **¼** Relay Racks/Bays |  |  |
| Intra (State**)** |  |  | Number of ¼ Relay Racks/Bays |  |  |
| ICA |  |  | Number of ¼ Relay Racks/Bays |  |  |
| \*SCOPE (Secured Collocation Open Physical Environment) | |  |  | Number of Relay Racks/Bays |  |  |
| \*CCOE (Cageless Collocation Open Environment) | |  |  | Number of Relay Racks/Bays |  |  |
| \*\*Cageless | |  |  | Number of Relay Racks/Bays |  |  |
| **\*\***Caged | |  |  | Minimum of 25 Sq. Ft. |  |  |
| Shared Caged/Subleased Cage | |  |  |  |  |  |

**\*** These options are only available to CLECs in specific States (refer to Appendix B in the instructions for a list of the applicable states).

**\*\*** These options are only available to CLECs in specific States (refer to Appendix B in the instructions for a list of the applicable states).

**B. CCOE (West Virginia only)**:

If the collocation request is for CCOE, please select one of the options listed below:

**\_\_\_\_\_\_\_** **Option A** – Frontier provides and installs Shared Point of Termination Bay

**\_\_\_\_\_\_\_ Option B** – CLEC provides and installs termination panels within the CLEC’s

CCOE arrangement.

**C. Physical, Cage Construction**:

Frontier no longer constructs the wire mesh enclosure/cage in PA, WV, & NY. If CLEC provided,

please indicate the type of cage being constructed and in addition provide the name of the

CLEC vendor for cage construction in Section VIII.

Standard Cage [ ] Non-Standard Cage (with top) [ ] Cage not constructed by Ftr [ ]

**D. Shared/Subleased Space - Physical and/or Caged.** For this type of arrangement, you must

provide the name(s) of the Guest CLEC(s) and the amount of space that is to be allocated to

each Guest CLEC. Provide this information below:

**Guest** CLEC 1 Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**% of space allocated: **\_\_\_\_\_**

**Guest** CLEC 2 Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**% of space allocated: **\_\_\_\_\_**

1. **Augment to an Existing Arrangement** (Please select one of the following: If covered by FCC Tariff select either Physical or Virtual; If covered by State Tariff or ICA select Caged, Cageless or Virtual. Only Frontier West Virginia can select either CCOE or SCOPE).
2. **Type of existing arrangement:**

[ ] Physical [ ] Virtual [ ] SCOPE [ ] CCOE [ ] Cageless [ ] Caged

**Note:** Augments submitted for all Virtual arrangements and CCOE arrangements when termination panels (Option B) are provided must have a diagram attached.

1. **Augment Type – Check all applicable items**:

[ ] Cable Terminations for DS3, DS1, VF/DS0, XDSL, VG (2W/4W), Fiber – Complete

section IV.

[ ] Power – Complete section V. 2.

[ ] Connection to CATT – Complete sections VII and VIII.

[ ] Pulling in additional fiber facilities – Complete sections VII and VIII.

[ ] Addition/Change of Equipment – Complete section VIII and Appendix A. For Virtual, also complete section C below.

[ ] Space – Indicate number of square feet or bays desired

[ ] Number of additional Relay Racks/Bays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Non-contiguous space acceptable

[ ] Number of square feet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

[ ] Cable Terminations for Line Sharing – Complete section IV.

[ ] Software upgrade in a Virtual collocation arrangement – **Complete Appendix A.**

[ ] Plug-In upgrade in a Virtual collocation arrangement – If cabling required, check

the cable termination box above – Complete Section IV and Appendix A.

[ ] Plug-In upgrade in a Virtual collocation arrangement – No cabling required –

Complete Appendix A.

[ ] Interconnect via Microwave – Complete sections V, VI, VII, and VIII.

[ ] Shared/Subleased Space

1. **Specify Initial Arrangement Tariff Code or ICA:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Changes to an Application\***

**Frontier Application ID#/Control # of application affected:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Changes Requested/Reason for Changes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*Note**: **Changes** to a pending application that are received by Frontier prior to the start date for the application are

considered to be “corrections.”

**Changes** to a pending application that are received by Frontier on or within five (5) business days after the start date

for the application are considered to be “revisions.”

**Changes** to a pending application that are received more than five (5) business days after the start date for the

application must be approved by Frontier. If changes are not approved, the CLEC must submit an augment

application and the appropriate augment fee, or cancel the application and submit a new application.

###### Certificate of Insurance: A Certificate of Insurance must be provided for all new sites

###### prior to occupancy. Please indicate whether or not you are providing the

###### Insurance Certificate.

###### Certificate Attached:

###### 

[ ] Yes, provide the expiration date: (00/00/0000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] No, previously provided on the following date: (00/00/0000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] No, provide the date the certificate is to be provided: (00/00/0000) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IV. TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED**

1. The table below is associated with terminations ordered for the following types of arrangements:

* TraditionalPhysical, Caged
* SCOPE and CCOE, when Frontier provides the POT or SPOT Bay
* Frontier installed Virtual collocation.

Provide the minimum and maximum quantity desired for each termination. Certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Termination** | | **Physical/Caged** | | SCOPE - Frontier Provided POT or SPOT BAY | | CCOE – Frontier Provided POT or SPOT BAY | | Frontier Installed  Virtual | | |
|  | | **Desired** | **Minimum amount acceptable** | **Desired** | **Minimum amount acceptable** | **Desired** | **Minimum amount acceptable** | **Desired** | **Minimum amount acceptable** |
| DS3 | |  |  |  |  |  |  |  |  |
| DS1 | |  |  |  |  |  |  |  |  |
| VG-2W | |  |  |  |  |  |  |  |  |
| VG-4W | |  |  |  |  |  |  |  |  |
| \*Line Sharing/Splitters | |  |  |  |  |  |  |  |  |
| Fiber Cable Terminations | |  |  |  |  |  |  |  |  |
| BITS Timing Cabling | DS1  Super  Frame (SF) |  |  |  |  |  |  |  |  |
| DS1  Extended Supe rframe (ESF) |  |  |  |  |  |  |  |  |
| Composite |  |  |  |  |  |  |  |  |

\* Quantity of Line Sharing terminations should be equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Frontier and Frontier must be obligated to provide Line Sharing to CLEC. Refer to Section IV.3– Line Sharing and the “Note” at the end of this Application.

Please indicate if the applicant \_\_\_\_or Frontier \_\_\_\_will provide all intraoffice cabling for DS1/3, VG and/or Line Sharing[[1]](#footnote-1), Fiber cable terminations, DS1/Composite BITS Timing, and the DC Power cable (BATT & RTN). Please refer to instruction for “non-connectorized” cabling information.

1. This table pertains specifically to CLEC installedCageless, CCOE with CLEC provided POT BAY and Virtual racked and stacked.

Provide the minimum and maximum quantity desired for each termination.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Termination** | | **Cageless, CCOE with CLEC provided POT Bay, or Virtual (if racked & stacked).** | | | | | | | | | |
| Bay 1 | | **Bay 2** | | **Bay 3** | | **Bay 4** | | **Bay 5** | |
|  | | **Desired** | **Min AMT Accept-able** | **Desired** | **Min AMT Accept-able** | **Desired** | **Min AMT Accept-able** | **Desired** | **Min AMT Accept-able** | **Desired** | **Min AMT Accept-able** |
| DS3 | |  |  |  |  |  |  |  |  |  |  |
| DS1 | |  |  |  |  |  |  |  |  |  |  |
| VG-2W | |  |  |  |  |  |  |  |  |  |  |
| VG-4W | |  |  |  |  |  |  |  |  |  |  |
| \*Line Sharing/  Splitters | |  |  |  |  |  |  |  |  |  |  |
| Fiber Cable Terminations | |  |  |  |  |  |  |  |  |  |  |
| BITS Timing Cabling | \*\*DS1 Superframe (SF) |  |  |  |  |  |  |  |  |  |  |
| DS1 Extended Superframe (ESF) |  |  |  |  |  |  |  |  |  |  |
| Composite |  |  |  |  |  |  |  |  |  |  |

\* Quantity of Line Sharing terminations should be equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Frontier and Frontier must be obligated to provide Line Sharing to CLEC. Refer to Section IV.3– Line Sharing and the “Note” at the end of this Application.

\*\* The DS1 BITS signal from the TSG to the collocation arrangement will support the Superframe (SF) format and, where available**,** may support Extended Superframe (ESF) format where available.

Please indicate if the applicant \_\_\_\_ or Frontier \_\_\_\_ will provide all intraoffice cabling for DS1/3, DS1/Composite BITS Timing, Fiber cable terminations and the DC Power (BATT & RTN). Please refer to instruction for “non-connectorized” cabling information.

1. **Line Sharing**

Indicate the option that will be used to deploy line sharing:

**\_\_\_\_\_ Option A:** CLEC provides splitter in its arrangement.

**\_\_\_\_\_ Option B:** Frontier installs and maintains, in Frontier space, a CLEC provided splitter in a Frontier

provided bay. When Option B is selected, the CLEC can install the splitter/filters in the following

jurisdictions: NY, PA (East), WV & WA. Please check one of options shown below:

**\_\_\_\_\_** Yes, Frontier will install **\_\_\_\_\_** No, Frontier will not install. Provide the Frontier approved

“Equipment Installation Vendor” in section VIII,

Indicate the quantities in Section IV – Type of Termination, Request, and Cables.

1. **AC POWER REQUIREMENTS**

Number of dedicated 20 AMP circuit(s)

|  |  |
| --- | --- |
| 120 volt **Single** phase circuit(s) to be provided for Requestor’s equipment: |  |
| 120 volt **Double** phase circuit(s) to be provided for Requestor’s equipment: |  |
| 120 volt **Triple** phase circuit(s) to be provided for Requestor’s equipment |  |

###### VI. DC POWER REQUIREMENTS – Initial applications and augments to increase power to an existing

###### arrangement

1. **General Instructions**

The CLEC is responsible to engineer the power consumption required at the collocation

arrangement and is responsible for taking into considerationany special circumstances in

determining drain/load and fuse size of the feed.

Please indicate your requirements for –48V Battery & Ground. Provide the total number of “A” feeds and/or the total number of “B” feeds for each type of collocation request. Indicate the requesteddrain/load per feed and the fuse size per feed.

Fused capacity shall not exceed 2.5 times the CLEC specified load per feed. (Frontier bills for DC power in accordance with the applicable tariff provision.) **Drain/load per feed must be expressed in whole numbers and not fractions.**

When ordering multiple power feeds, please indicate each feed’s requirement separately. (Example: Feed Requirement 1:2 – “A” feeds, each with 20 amps drain/load per feed and each feed fused at 30 amps; and 2 “B” feeds, each with 20 amps drain/load per feed and each feed fused at 30 amps. Feed Requirement 2: 1 “A” feed, with 10 amps drain/load and fused at 15 amps; and 1 “B” feed, with 10 amps drain/load and fused at 15 amps. Please provide a separate attachment when requesting four or more power feeds indicating each requirement separately.

Fusing at 2.5 times load may not be possible in all cases based on the CLEC specified load. In those situations, the CLEC must determine whether to choose a fuse size that is less than 2.5 times load or increase its load in order to conform to the industry fuse sizes.

**2. DC POWER REQUIREMENTS – AUGMENTING POWER**

**A**. **Please indicate below the type of feed request.**

[\_\_] Request for a **new** feed (use Disposition Code: **N** in table)

[\_\_] Make a **change** to an existing feed (use Disposition Code: **C** in table)

[\_\_] Load/Drain change on an existing feed

[\_\_] Fuse change on an existing feed

[\_\_] **Termination** of a feed that is being replaced by an N coded larger ampacity feed. (use Disposition Code: **T**)

Note: Requests to completely terminate either fuse or load requirements on existing feeds must be submitted via a Notice of Termination/Reduction application.

Joint coordination may be required to identify applicable power feeds. Frontier must approve all drain/load or fusing changes to existing power cables. Please note all applicable tariff/interconnection agreement rates and augment intervals will apply for an increase in fuse or drain size that requires new cabling.

**B. Detailed Power Requirements**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Power Configuration** | **Feed** | **\*Disposition** | **Drain/Load Existing** | **Drain/Load Requested** | **Amps Fused Existing** | **Amp Fused Requested** | **Cable Ampacity** | **Feed Designation** | | | **Bay Designation** |
| **BDFB/MPB/RR Designation** | **Panel Designation** | **Fuse Assignment** |
|
|
|
| **1** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
|
| **2** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
|
| **3** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **4** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **5** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
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| **6** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
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| **7** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **8** | **A** |  |  |  |  |  |  |  |  |  |  |
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| **B** |  |  |  |  |  |  |  |  |  |  |
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| **9** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
|
| **10** | **A** |  |  |  |  |  |  |  |  |  |  |
|
| **B** |  |  |  |  |  |  |  |  |  |  |
|

\*Disposition: please indicate using codes in section V.2. A.

VII. TECHNICAL EQUIPMENT SPECIFICATIONS

1. You must provide a comprehensive list of the bays and equipment that are to be installed. Identify the equipment for each bay. For example, fill in Bay 1 and its associated equipment, then start with Bay 2, etc.

Appendix A must be completed with information for the plug-ins that are to be installed.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bay**  **#** | **Qty** | **Manufacturer/**  **Model #** | Equipment Type | **Dimensions**  **H x W x D** | **Equip.**  **Weight (fully loaded)** | **Equip.**  **BTUs Ultimate Heat Release** | **Manufacturer Specified Drain in AMPS for**  **–48 Volt DC** | **CLEI** | **Total Amt Load/**  **Drain** |
|  |  |  |  |  |  |  |  |  |  |
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| **Spacers Required: Y\_\_\_ N\_\_**  If yes, the additional information is necesssary  Number of Spacers: Spacers Width in. | | | | | | | | | |  |  |  |  |

\* Please list bays as separate pieces of equipment.

Please state the equipment drain/load in amps for the entire arrangement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If this is an augment, please include existing and newly requested equipment in the amps calculation.)

**2. NEBS Conformance.**

Please complete the following information relating to any previous submissions of NEBS conformance certifications/checklists and supporting data for the equipment (including framework) listed on this application.

Date Submitted to Frontier Technology and Engineering/Maintenance Engineering: (00/00/0000)

If this information was provided with a previous application, please provide the following:

Date Submitted: (00/00/0000) Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application #/Control #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you do not have the control # of the prior application, provide the 11 character CLLI code).

The applicant must execute the *“NEBS Compliance Certification”* set out below for all equipment (whether active or passive) to be installed in connection with the collocation arrangements covered by this application.

**Equipment requiring certification may not be installed until the NEBS Compliance Certification is submitted for that equipment.**

**NEBS COMPLIANCE CERTIFICATION:**

For each item of equipment that is listed in this Collocation Application, the applicant hereby certifies that the supplier of that equipment has provided the applicant a written attestation or warranty or other commercially acceptable written proof (e.g., a test report) that a Frontier approved independent testing laboratory has tested the equipment in accordance with the NEBS requirements listed in the Frontier Telecommunications Carrier NEBS Compliance Checklist and the applicable ANSI and Telcordia NEBS Generic Requirements, and that this equipment was shown by such testing to be compliant with the following sections of NEBS GR-63, Issue 2 and GR-1089, Issue 3.[[2]](#footnote-2)

GR-63, Issue 2:

Section 2.0, Spatial requirements

Section 4.1.4, Heat Release & Surface Temperature

Section 4.2.2, Self Extinguish/Fire Spread & Smoke Measurements

Section 4.2.3, Fire Resistance

Section 4.2.4, Smoke Corrosivity

Section 4.4.1, Earthquake

Section 4.4.2, Framework and Anchor Criteria

Section 4.6, Acoustic Noise

GR-1089, Issue 3:

Section 3.2, EMI Emission (10 KHz through 10 GHz; Open Doors)

Section 4.0, Lightning and AC Power Fault (2nd Level)

Section 7.0, Electrical Safety

Section 9.0, Bonding and Grounding

The applicant agrees to provide such attestation, warranty or proof to Frontier upon request by

Frontier.

The applicant agrees that if it at any time installs any other equipment in connection with the

collocation arrangements covered by this application, the foreqoing certification shall apply

to such equipment and the applicant hereby makes the foregoing certification for such

equipment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (officer or comparable senior manager)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name-Printed)

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(Title)

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(Telephone Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

Date Submitted to Frontier - Collocation: (00/00/0000)

1. **ENTRANCE FACILITY INFORMATION**
2. **Indicate the transport option the applicant intends to use to enter Frontier’s central office:**

[ ] Lease facilities from Frontier.

[ ] Lease fiber from a Competitive Access Transport Terminal (CATT\*) Provider. Please complete

sections 3 and 4 below.

**\***Provide the name of the CATT provider or an 11 character CLLI Code of theCATT, and attach

a Letter of Authorization (LOA) from the CATT provider. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ] Pulling in fiber from Manhole “0” – Complete items 2 through 4 of this section and

Section VIII.

[ ] Microwave – Contact the Collocation Program Manager.

1. **Cable Information:**
2. Provide detailed information on the desired direction from where the cable originates or

desired Manhole “0” location(s). **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_

1. Has the right of way or the Licensing Agreement been established (e.g., conduit)

Yes [ ] If yes, provide the following information:

Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manhole “0” Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manhole “0” License Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Fiber will be placed at “0” Manhole: : (00/00/0000) \_\_\_\_\_\_\_\_\_\_

No [ ]

1. Diverse Route entry requested (if available): Yes [ ] No [ ]
2. **Cable Requirements**: **Feeder Riser**
3. Number of Cables:
4. Diameter of Cable:
5. Number of Fibers (i.e. 12, 24, etc)

**4. Cable Characteristics:**

1. Cable Designation and count
2. Manufacturer
3. Type of Single Mode Fiber Used
4. Loss Decibels per Kilometer

**IX. CUSTOMER’S VENDOR SELECTION**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY** | **NAME** | **ADDRESS** | **TELEPHONE NUMBER** |
| Engineering Vendor |  |  |  |
| Outside Plant Vendor  (Cable Placement) |  |  |  |
| Outside Plant Vendor  (Cable Splicing) |  |  |  |
| Equipment Installation Vendor |  |  |  |
| Installation Vendor (Riser Cable) |  |  |  |
| Cage Construction Vendor |  |  |  |

Note : All work that is performed in a Frontier Central Office must follow the standards outlined in the Frontier Installation Practice, as well as the standards referenced in applicable tariffs and interconnection agreements.

**X. ADDITIONAL COMMENTS/NOTES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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 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.**

# Note: This Application and the Instructions may reference services, facilities, arrangements and the like that Frontier does not have an obligation to provide to a CLEC under Frontier’s agreements with such CLEC (including Frontier’s tariffs, interconnection agreement with the CLEC and commercial service agreements with the CLEC). Notwithstanding any such references, nothing in this Application or the Instructions shall be deemed to require Frontier to provide to a CLEC a service, facility, arrangement or the like that Frontier does not have an obligation to provide under Frontier’s agreements with that CLEC, or to provide to a CLEC a service, facility, arrangement or the like upon rates, terms or conditions other than those required by Frontier’s agreements with the CLEC.

APPENDIX A

**List of Plug-In (Cards)**

1. For all types of Collocation listed in Section III, provide the type of plug-in cards associated with each system. If additional entries are required, please copy this page and continue.
2. Please provide the following information for questions relating to the attachment:

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Bay: | Manufacturer: | Model Name/Number: | Part Number: |

**List the plug-in cards associated with the Bay and Shelf/System provided above.**

| **Model/Name:** | **Part Number:** | **SLOT:** |
| --- | --- | --- |
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| Remarks: |  |  |

# APPENDIX B

# \* Note – Please check with the appropriate Commission to verify if a specific tariff is in effect

|  |  |  |
| --- | --- | --- |
| FRONTIER COLLOCATION TARIFFS \* | Tariff Code **for the**  **Application** | PRODUCTS OFFERED |
|  |  |  |
| **FEDERAL TARIFFS** |  |  |
| FCC 4 (WV) | FCC 4 | Physical, Virtual |
| FCC 5 (ID, IL, IN, MI, NC, OH, OR, SC, WA, WI) | FCC 5 | Physical, Virtual |
| FCC 6 (CA, IL, WA) | FCC 6 | Physical, Virtual |
| FCC 13 (CA, TX) | FCC 13 | Physical, Virtual |
| FCC 14 (CA, FL, TX) | FCC 14 | Physical, Virtual, CATT |
|  |  |  |
|  |  |  |
| **STATE TARIFFS** |  |  |
| Arizona Intrastate Access AZICAA0 | AZICAA0 | Caged, Cageless, Virtual |
| California Tariff SCHEDULE Cal.P.U.C. No. C-1 Expanded Interconnection Services | CA PUC K-9 | Caged, Cageless, Virtual |
| Connecticut Access Service Tariff: Section 14 Expanded Interconnection | CT-14 | Traditional Physical, Virtual |
| Illinois - Ill. ILIGL17 | IL CC 17 | Caged, Cageless, Virtual |
| Indiana - INIGAT-6 | IN IURC T-6 | Caged, Cageless, Virtual |
| Michigan - MPSC MIIGO20R | MI MPSC 20R | Caged, Cageless, Virtual |
| Nevada Intrastate Access NV 3-B | NV 3-B | Caged, Cageless, Virtual |
| Pennsylvania - PAIGA9 | PA PUC 9 | Caged, Cageless, Virtual |
| PSC 3 (AL, AR, FL, GA, IA, MN, MS, MT, NE, NM, NY, TN, UT) | ROCHESTER PSC-3 |  |
| South Carolina Intrastate Access SCIGAA | SCIGAA | Caged, Cageless, Virtual |
| Washington - WAIGOU-20 | WA U 20 | Caged, Cageless, Virtual |
| West Virginia – WVIEA218 | WV PSC 218 | Traditional Physical, Virtual, SCOPE, CCOE |
| Wisconsin - WIIGA5 | WI PSC 5 | Caged, Cageless, Virtual |
|  |  |  |
|  |  |  |
| INTERCONNECTION AGREEMENT ONLY  California, Idaho, North Carolina, Ohio, Oregon, Texas | ICA |  |

**\* Note –** Please check with the appropriate Commission to verify if a specific tariff is in effect.

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1. Please note that references to “Line Sharing” in this Application or in the Instructions do not obligate or commit Frontier to provide Line Sharing. See, Section IV.3- Line Sharing and the “Note” at the end of this Application. [↑](#footnote-ref-1)
2. The ANSI and Telcordia NEBS Generic Requirements, NEBS GR-63 (GR-63 NEBSTM Requirements: Physical

   Protection) and NEBS GR-1089 (GR-1089, Electromagnetic Compatibility and Electrical Safey – Generic Criteria

   for Network Telecommunications Equipment) are available from Telcordia.

   [↑](#footnote-ref-2)