



Collocation Remote Terminal Equipment Enclosure (CRTEE) Application Instructions

Please fill in all information as instructed below:

Failure to provide all requested information could result in delays in the processing of this application.

I. Customer Information

- 1. Company:** Name of Company applying for Collocation
Street: Address of Company include City, State, and ZIP
- 2. Contact Name:** Name of person to whom all information should be conveyed or questions addressed.

Telephone #: Telephone # of Company contact Fax #: Fax # of Company contact
E-Mail Address: E-Mail address of Company contact
- 3. 24-Hour Emergency Contact Telephone #:** Enter Telephone # of the 24-hour emergency contact.
- 4. Desired Service Date:** Enter the date service is desired (in accordance with tariffed intervals).
- 5. ACNA:** Enter the Access Carrier Name Abbreviation (ACNA) This is a three to four-character code used to identify a telecommunication company.

AECN: Enter the Alternate Exchange Carrier Name (AECN). A unique identifier for a CLEC.
- 6. Billing Information:**

Billing Manager Name: Enter the name of the person to whom all billing information should be conveyed.
Company Name: Name of Company to which all billing information is to be provided
Street Address: Company address include City, State, and ZIP.

II. Remote Terminal

1. Please provide the location of the remote terminal. Identify street address, city, state, and municipality. If the location cannot be identified by a street name(s) please provide two other identifiers: i.e. pole numbers, manhole #, and/or landmarks.
2. Please enter the desired serving address.
3. Please enter State, Wire Center and CLLI Code for CORT Report

III. Application Queries

Please check all that apply



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Remote Terminal Preliminary Engineering Record Review: Upon request, Frontier will provide a Preliminary Engineering Records Review for a Remote Terminal (RT) location identified to Frontier by the CLEC. In response to the request Frontier will conduct a search of its records and identify for the CLEC: the type of enclosure and whether the site is a private property easement or public license. If the site is on private property, Frontier will inform the CLEC whether Frontier's APP-002-010702-03 Issued: 08/27/03 (Branding) 2 rights under its easement for that location can be assigned to the TC for purposes of the application request.

Remote Terminal Serving Address: Upon request, Frontier will provide a range of addresses served by a Remote Terminal (RT) location. The response will identify each Feeder Distribution Interface Interconnection (FDII) served by the RT and a list of serving addresses for each FDI.

Remote Terminal Site Survey for Space: Based upon the type of equipment to be collocated, the type of collocation and Frontier UNE elements to be interconnected Frontier will determine if the site has space and whether the site's easements allow the type of collocation requested by the CLEC.

Central Office Remote Terminal: Upon request, Frontier will provide the following information for a central office identified to Frontier. In response to the request, Frontier will conduct a search of its records and return: 1) A list of the remote terminals subtending to an identified central office including the addresses of each remote terminal and their CLLI codes. 2) The list of addresses or address ranges, as applicable, served by each remote terminal. 3) The number of distribution pairs fed from the remote terminal, and 4) The type of feeder cable (copper/fiber/both) of each remote terminal.

IV. Feeder Distribution Interface Interconnection

Please indicate whether or not a Feeder Distribution Interface Interconnection (FDII) application has been submitted. Provide the FDII application # if available.

V. Type of Collocation Requested

1. Please indicate the type(s) of collocation arrangements you are willing to consider, the associated state tariff code under which you are applying (See Appendix A), your order of preference, as well as your desired and minimally acceptable requirements for each option. Frontier will offer you your minimally acceptable requirement on a first preference before considering your next preference.
2. Please provide the reason for revision to a previously submitted CRTEE application and the original application number.

VI. Type and Number of Terminations to be Cabled

Please indicate the quantity for each of the termination types to access Frontier Unbundled Elements for every collocation arrangement that you have requested in Section V. Terminations to be cabled are those that will be run between the collocated equipment inside the RTEE and the associated demarcation point for access to Frontier cable facilities. Terminations that are protected with Overvoltage protectors can be requested to a TOPIC for access to Frontier Unbundled Sub-Loop Arrangements. Certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly. (Please refer to Appendix B of the application.)



VII. DC Power Requirements

Indicate your Company's requirements for -48V Battery & Ground power. Provide the total number of "A" feeds and/or the total number of "B" feeds for each type of collocation request. Indicate the requested load per feed and the fuse size per feed.

The CLEC is responsible for the engineered power consumption of the collocation arrangement and should consider any special circumstances in determining load and fuse size of each feed. APP-002-010702-03 Issued: 08/27/03 (Branding) 3

Fused capacity may be as high as but shall not exceed 2.5 times the load per feed and must be ordered consistent with industry standard fuse sizing shown below – Load must be ordered in whole numbers. Fractions will not be accepted. (Frontier bills for DC power in accordance with the applicable tariff provision, See Appendix C of the Collocation Application. Please note that the FCC tariff currently bills based on fused capacity.)

VIII. Technical Equipment Specifications

1. List the equipment that your Company requires in the RTEE. Include the Manufacturer/Model #, Dimensions – HxWxD, Quantity, DC Power Load in AMPS, Heat Load in BTU's and Common Language Equipment Identifier (CLEI). Complete Attachment A – List of Pug-Ins (Cards) and provide a copy of the product's technical description and a block diagram/schematic of the equipment layout.

2. Network Equipment Building System (NEBS) Conformance Requirements

A completed NEBS Conformance Checklist and the supporting data for Risk/Hazard related elements are required and must be submitted to Frontier Technology and Engineering/Maintenance Engineering. (See <https://wholesale.frontier.com/collocation-and-licensing> for Applicable NEBS Requirements). All equipment and framework (relay racks) to be installed or placed in Frontier RTEEs must be tested and meet the NEBS Level 3 requirements

Please provide the date that the NEBS Conformance Checklist was submitted to Frontier Technology and Engineering/Maintenance Engineering. If the NEBS Conformance Checklist was submitted with a prior application please provide the date it was submitted, the Location, and the Control # assigned.

Is the framework/relay racks to be installed NEBS compliant? _____Yes _____No

Note: Frontier will be responsible to install all equipment for both physical and virtual CRTEE.

IX. Additional Requirements for Collocation Remote Terminal Equipment Enclosure

1. In addition to the information requested in Section VIII, please provide the following: A.

Outline specification which includes a wiring diagram

B. A front equipment drawing showing where plug-ins are to be installed.

C. Training that will be provided to Frontier employees. D.

Test Manuals for equipment.

2. Please identify by manufacturer and model # any specific tools that will be provided.

3. Please identify by manufacturer and model # any test equipment that will be provided:



X. Cable and Conduit Information

Frontier will install and terminate the cable into and within the RTEE. Cable connecting the TC network and the RTEE will be interconnected at a mutually agreed upon point per a field meeting of the TC and Frontier.

1. Indicate origination and location of cable terminations. (Be Specific)
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2. Fiber Cable Requirements

- A. Indicate the number of cables to be placed. B. Indicate the diameter of the cables.
- C. Indicate the number of fibers required per cable. D. Indicate the Manufacturer Name:
- E. Indicate the type of Single Mode Fiber to be used.
- F. Indicate the Loss Decibels per Kilometer

3. Copper Cable Makeup

- A. Indicate the number of cables to be placed. B. Indicate the diameter of the cables.
- C. Indicate the number of pairs required per cable.
- D. Indicate the Manufacturer Name
- E. Indicate # of Protectors (should be equal to C) F. Indicate Type of Protector
- G. Indicate Protector Manufacturer
- H. Indicate Protector Housing Type
- I. Indicate 3-dimensional Protector Housing size

4. Conduit Requirements

- A. Have licensing agreements for this location been established? Yes or No B. If agreements have been established, please provide the contract number. C. Identify the ingress (e.g. Pole #, Manhole #)
- D. Identify the egress. (e.g. Pole #, Manhole #)

XI. 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. If the Certificate is attached provide its expiration date. If the Certificate is not being provided with this application, please provide the date on which it will be submitted.

XII. Remarks

This field is to be populated with additional information that your Company would like to convey to Frontier.



XIII. Loop Special Billing Numbers (SBN) Requirements

Please complete the Special Bill Numbers Request form found in Appendix C of this application. By submitting this form, you will ensure that the appropriate SBN's are established for this collocation arrangement.

Please submit this application and all supporting documentation to E-mail address:
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.

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