



Add Telecommunications Service Priority (TSP) to Existing Service

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Frontier Wholesale
Rochester, NY

Jurisdiction: All
Effective Date: 04/01/2016
Revised Date: 4/23/2021



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ASR

Administration Form

Field	Description	Example
CCNA	Customer Carrier Name Abbreviation	XXX (Identifies the IAC Code of the Carrier)
PON	Purchase Order Number	Note: This Field is Controlled by Customer
VER	Version Identification	Note: This Field is Controlled by Customer
ICSC	Interexchange Customer Service Center	See Valid ICSC Entries https://wholesale.frontier.com/-/media/WholesaleDocs/icsc-job-aid.ashx
DDD	Desired Due Date	12-31-2022
REQTYP	Requisition Type and Status	S
ACT	Activity	C
QSA	Quantity Service Address Location Information	01
LATA	Local Access Transport Area	numeric
RTR	Response Type Requested	F, N, or S
CUST	Customer Name	JOHN J. SMITH
PIU	Percentage of Interstate Usage	100
CKR	Customer Circuit Reference	Customer Circuit ID
QTY	Quantity	1
BAN	Billing Account Number	E = Existing
ACTL	Access Customer Terminal Location	11-character CLLI code
REMARKS	Remarks	ADD TSP TO EXISTING CIRCUIT
TSP	Telecommunications Service Priority	T S P 1 2 3 4 5 C - E 1 Note: If TSP code ends in "00" it indicates "revocation", removal of previously assigned TSP code

Billing Form

Field	Description	Example
BILLNM	Billing Name	XYZ Corporation
FUSF	Federal Universal Service Fee	E or N
SBILLNM	Secondary Billing Name	Accounts Receivable
ACNA	Access Customer Name Abbreviation	XXX
STREET (Bill)	Street Address (BILL)	125 E Main Street
CITY (Bill)	City (BILL)	Any Town
STATE (Bill)	State/Province (BILL)	IN
ZIP CODE (Bill)	Zip Code (BILL)	99999
VTA	Variable Term Agreement (if applicable for service)	36
VTAI	Variable Term Agreement Indicator	B
PNUM	Promotion Number (if applicable for service)	EPAV123456



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Transport Form

Circuit Detail

Field	Description	Example
NC	Network Channel Code	NC code of existing circuit
NCI	Network Channel Interface Code	NCI of existing circuit
S25 (SECILOC)	Surcharge Status (SECLOC)	A
SECNCI	Secondary Network Channel Interface Code	SECNCI of existing circuit

Transport Form

Secondary Location

Field	Description	Example
SECLOC	Secondary Location	E

SALI Form

Field	Description	Example
EUNAME	End User Name	XYC CORPORATION
SANO	Address Number	450
SASF	Address Number Suffix	1/2
SASD	Street Directional Prefix	SW
SASN	Street Name	ONE CITY CENTER
CITY	City	Rochester
SATH	Street Type	LN
SASS	Street Directional Suffix	NW
ZIP CODE	Zip Code	99999
LD1	Location Designator #1	FL
LV1	Location Value #1	12
LD2	Location Designator #2	WING
STATE	State	NY
LV2	Location Value #2	2
LD3	Location Designator #3	STE
LV3	Location Value #3	23A
LCON	Local Contact	John Smith
ACTEL	Access Telephone Number	585-235-9888



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Change Log

Date	Page Number	Change
04/01/2016		New
4/23/2021	All	Revised Links

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