



Frontier Non-Regulated Dark Fiber Front Haul Service AT&T Mobility

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Frontier Wholesale

Jurisdiction: All
Revised Date: 01/09/2023



Dark Fiber Process

This job aid was developed specifically for AT&T Mobility and should not be shared with or used by any other company.

- 1. Contact your Account Manager to obtain an Addendum to the Dark Fiber Schedule
 - a. Once Addendum is signed and Site Walk has been completed
 - b. For a period of nine (9) months after execution
 - i. ATTM will send a Pre-ASR Request to Frontier including the FA Code and the finalized Node LAT/LONG to e-mail CABS.Staff.Support@ftr.com
 - ii. Within five (5) Business Days Frontier shall provide to ATTM the information for the location identified in the Pre-ASR Request via an Excel spreadsheet, per the form shown in Exhibit J, sent via email Pre-ASR Reply

EXHIBIT J : Pre-ASR Reply

NODE FA CODE (CKR)	STATE	MACRO OR SMALL CELL DARK FIBER	# OF FIBER PAIRS	ORIGINAL FIBERS OR ADDT'L FIBERS	NODE STREET NAME, CITY & STATE	NODE LAT	NODE LONG	HUB ADDRESS	HUB FA	ACTL	PNUM

- iii. ATTM shall issue an ASR within ten (10) Business Days after receipt of the Pre-ASR Reply
 - c. Nine (9) months after execution
 - i. The steps in 1.b will no longer be followed
 - ii. ATTM will submit an ASR when ready for Frontier to begin the build
- 2. Standard Interval: 120 Business Days
- 3. When an interval shorter than 120 business days is required, ATTM shall populate the expedite field on their initial PON
- 4. At Completion of the Dark Fiber Service, the Project Manager will e-mail Post-Delivery Handoff Tracker (Test results) to ATTM

IMPORTANT NOTE:

The Edge Colo project ID provided by Frontier must be included on all related Edge Colocation connecting service (e.g., Dark Fiber, Switched Ethernet Midhaul, Dedicated Wavelength Midhaul) ASRs until the Edge Colocation service is fully installed and billing. The original Edge Colo project ID is also required once the Edge Colo is billing and a new addendum is required for subsequent new Dark Fiber Services or Midhaul Services.



Dark Fiber Scenario

#	SCENARIO	REQTYP QSA	PNUM	SPEC Code	CCEA	NC/NCI/SENCI	FA Code
1	Edge Colocation Hub (ACTL) to Macro Tower or Small Cell Node	SD 01	DKFSCM792	DKFBRMT – Primary Macro Tower DKFBRMA – Additional Macro Tower DKFBRSC – Primary Small Cell DKFBRSA – Additional Small Cell	YES	LXH- 02QBF.LLX 02FCF.X	YES

**For example, the Tier 1 MRC for Macro Dark Fiber Original Fibers is \$525.00 and, therefore, Customer shall order two (2) Pair. The MRC will appear on the bill(s) as two (2) charges. In this example, one charge will be \$525.00 and another will be \$0.00, subject to Section A.1 of this Exhibit A and Section 2.1.3.1 of Exhibit E to this Wireless Dark Fiber Service Schedule.

Macro Tower 4 primary strands/2ckts
Macro Tower 4 additional strands/2ckts

Small Cell 6 Primary strands/3ckts Small Cell 6 Additional strands/3ckts Node Type and Primary or Additional	FA Code (CKR) position 9 to 11	Examples	SPEC
Macro Primary	MP# (# = 1 or 2)	12345678MP1 – First CKT 12345678MP2 – Second CKT	DKFBRMT DKFBRMT
Macro Additional	MA# (# = 1 or 2)	12345678MA1 – First CKT 12345678MA2 – Second CKT	DKFBRMA
Small Cell Primary	SP# (# = 1,2 or 3)	12345678SP1 – First CKT 12345678SP2 – Second CKT 12345678SP3 – Third CKT	DKFBRSC
Small Cell Additional	SA# (# = 1,2 or 3)	12345678SA1 – First CKT 12345678SA2 – Second CKT 12345678SA3 – Third CKT	DKFBRSA



1 - Edge Colocation Hub (ACTL) to Macro Tower or Small Cell Node (REQTYP SD)

ASR FORM		
Administrative Section		
Key ASR Field	Value	ASR Activity Type
DDD	120 Business Days	N - Required
PROJECT	See Important Note Above	N- Conditional
REQTYP	SD	N - Required
ACT	N	N - Required
AFO	Pos 1 = Y when QTY is greater than 1	N - Optional
CKR	Populate with FA Code of Node	N - Required
QSA	01	N - Required
RTR	S - Send FOC and DLR	N - Required
QTY	1 = Total 2 Strands 2 = Total 4 Strands 3 = Total 6 Strands (Valid for Small Cell only)	N - Required
EXP	Populate if Expedite is requested	N - Optional
EDA	Y (Early Date Acceptance)	N - Highly Recommended
ACTL	Edge Colocation (11-Character CLLI)	N - Required
SPEC	DKFBRMT – Primary Macro Tower DKFBRMA – Additional Macro Tower DKFBRSC – Primary Small Cell DKFBRSA – Additional Small Cell	N - Required
Billing Section		
Key ASR Field	Value	ASR Activity Type
BILLNM – Billing Name	Example: AT&T Mobility	N - Optional N - Required when BAN field equals N
ACNA	Access Customer Name Abbreviation	N - Required
TE	Example: A = F & S B = F & C	N - Optional N - Required when BAN field equals N
FUSF	Example: E = Exempt Federal Universal Service Fee	N - Required
BILL_STR	Example: 2555 Elton St.	N - Optional N - Required when BAN field equals N
BILL_CITY	Example: Tampa	N - Optional N - Required when BAN field equals N
BILL_STATE	Example: FL	N - Optional N - Required when BAN field equals N
BILL_ZIP	Example: 33709	N - Optional N - Required when BAN field equals N



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BILL CON	Example: Jon Doe	N – Optional N – Required when BAN field equals N
BILL CON TEL NO	Example: 8135556597	N – Optional N – Required when BAN field equals N
PNUM	DKFSCM792	N – Required
VTA	120 – Initial Term	N – Required
VTAI	A	N – Required

Contact Section

Key ASR Field	Value	ASR Activity Type
INIT	Example: Jane Smith	N – Required
INITIATOR TEL	Example: 9999999999	N – Required
INIT EMAIL	Example: Jane.Smith@abc.com	N – Required
DSGCON	Example: Jane Smith	N – Required
DSGCON TEL	Example: 9999999999	N – Required
IMPCON	Example: Jane Smith	N – Required
IMPCON TEL	Example: 9999999999	N – Required

Additional Circuit Form – (ACI) If QTY > 1

REFNUM	Auto generated – 002, 003 etc.	N – Required when AFO populated
CKR	Populate with FA Code of Node when QTY is greater than 1	N – Required
JS	D	N – Required

Transport Form

Key ASR Field	Value	ASR Activity Type
NC NCI SECNCI	LXH- 02QBF.LLX 02FCF.X	N – Required
SECLOC	E	N – Required
S25	A	N – Required
CCEA	Tie Down at Edge Colocation	N – Required

Service Address Location Information (SALI)

Key ASR Field	Value	ASR Activity Type
EUNAME	AT&T Mobility – Node	N – Required
SAPR	Directional Prefix for Service Address	N – Optional
SANO	Address Number (optional when LAT/LONG is populated, else required)	N – Conditional
SASD	Street Directional Prefix	N – Optional
SASN	Street Name	N – Required
SATH	Street Type	N – Optional
SASS	Street Directional Suffix	N – Optional
CITY	City	N – Required
STATE	State	N – Required
ZIP	ZIP	N – Required
LAT	Latitude (required when SANO not populated, else optional)	N – Conditional
LONG	Longitude (required when SANO not populated, else optional)	N – Conditional
AFT	Address Format Type = F (required when SANO not populated, else optional)	N – Conditional



NCON	Y	N - Required
AAI	Additional Address detail if available	N - Optional
JS	D	N - Required
LCON	Local Contact Name	N - Required
ACTEL	Local Contact Telephone Number	N - Required
LCON_EMAIL	Local contact E-mail address	N - Required
ALCON	Alternate Local Contact Name	N - Optional
ALCON TEL	Alternate Local Contact Telephone Number	N - Optional
ALCON EMAIL	Alternate Local Contact E-mail address	N - Optional

Change Log

Date	Page Number	Change
12/15/2022		Initial Document
1/4/2023	2, 4	Updated Project ID verbiage
1/7/2023	3, 7	Removed Ordering Sceneario's

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