

# Special Access

## Establish OC3 (OCN) Point to Point CO MUX (Non Concatenated Signal)

### REQTYP S, ACT N

### VFO Product SA-2 Point

Revised: 11/01/2017

**Valid ICSC Codes Include:** Connecticut: SN01

### 001-Access Service Request (ASR)

#### Administrative Section

Field	Description	Example
CCNA	Customer Carrier Name Abbreviation	ABC
PON	Purchase Order Number	PONA1234Z <b>Note:</b> This Field is Controlled by Customer
VER	Version Identification	01 <b>Note:</b> This Field is Controlled by Customer
ICSC	Interexchange Customer Service Center	SN01
D/TSENT	Date and Time Sent	system populated
DDD	Desired Due Date	12312014
REQTYP	Requisition Type and Status	SD
ACT	Activity	N
QSA	Quantity Service Address Location Information	01
RTR	Response Type Requested	F, N, or S
EXP	Expedite	optional - customer provided if request less than standard Interval
PIU	Percentage of Interstate Usage	000 or 100
CKR	Customer Circuit Reference	L13/OC12/A-CLLI/Z-CLLI
QTY	Quantity	01
BAN	Billing Account Number	Customer controlled
SPEC	Service and Product Enhancement Code	E, N or Valid CABS BAN OCNPNT Reference SPEC Codes at <a href="https://wholesale.frontier.com/resources/reference-library/access-reference-documents.html">https://wholesale.frontier.com/resources/reference-library/access-reference-documents.html</a>
FNI	Fiber Network Identification	<b>Note:</b> This Field is Controlled by Customer Optional customer provided when applicable
ACTL	Access Customer Terminal Location	Required HRFRCT03WP6 Customer Provided
REMARKS	Remarks	customer provided

## Bill Information

Field	Description	Example
BILLNM	Billing Name	XYZ Corporation
ACNA	Access Customer Name Abbreviation	XXX
FUSF	Federal Universal Service Fee	E or N <b>Note:</b> Refer to the ASOG FUSF field Notes for Assessed or Exempted rules.
STREET (Bill)	Street Address (BILL)	125 E Main Street
FLOOR (Bill)	Floor (BILL)	1
ROOM (Bill)	Room (BILL)	141a
CITY (Bill)	City (BILL)	Any Town
STATE (Bill)	State/Province (BILL)	IN
ZIP CODE (Bill)	Zip Code (BILL)	99999
BILLCON	Billing Contact	Jane T Doe
VTA	Variable Term Agreement	Required – Provided by Customer Valid Entries: 12, 36, 60, 84
PNUM	Promotion Number	Optional Provided by Customer. Check with your Frontier Account Manager if you are unsure of your PNUM.
BILLNM	Billing Name	XYZ Corporation
ACNA	Access Customer Name Abbreviation	XXX

## Contact Information

Field	Description	Example
INIT	Initiator	James Jones
TEL NO (INIT)	Telephone Number (Initiator)	800-888-1234
INIT EMAIL	Initiator Electronic Mail Address	INIT@yourcompany.com
DSGCON	Design/Engineering Contact	William Moore
DSG FAX NO	Design Facsimile Number	800-555-9999
DSG CON EMAIL	Design Electronic Mail Address	DSG@yourcompany.com
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
TEL NO (IMP CON)	Telephone Number (Implementation Contact)	585-777-7899
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
TEL NO (IMP CON)	Telephone Number (Implementation Contact)	585-777-7899
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
MTCE	Maintenance Contact	customer provided
MTCE TELNO	Telephone Number (MTCE)	customer provided
D/TREC	Date and Time Received	system populated

## 005-Transport Request Circuit Detail

Field	Description	Example
<b>NC</b>	Network Channel Code	OB-C
		Customer provided <b>Note:</b> Customers must refer to the NC/NCI/SECNCI for accurate combinations.
<b>NCI</b>	Network Channel Interface Code	02SOF.X See NC Note Above
<b>S25 (SECLOC)</b>	Surcharge Status (SECLOC)	A
<b>SECNCI</b>	Secondary Network Channel Interface Code	02SSF.A06 See NC Note Above
<b>CFA</b>	Connecting Facility Assignment	Customer provided when applicable and Circuit is riding a higher facility <b>Note:</b> This Field is Controlled by Customer system populated when applicable
<b>MUXLOC</b>	Multiplexing Location	'C' followed by valid CLLI if terminating at a Frontier Central Office
<b>SECLOC</b>	Secondary Location	<b>Note:</b> This Field is Controlled by Customer. If using C+CLLI do not include SALI Form
<b>SCCEA</b>	Secondary Cross Connect Equipment Assignment	customer provided when applicable

## Change Log:

Date	Revision
8-18-2015	Added VFO Product Name
10-27-2017	Updated embedded links to secured URLs
11-1-2017	Updated REQTYP in Title from E to S

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