Optical Wave Service (OWS)
REQTYP E, ACT = N
VFO Product EUSA–2 Point

Revised: 06/01/2021

Valid ICSC Codes Include: CTF: GT10, GT11

001 - Access Service Request
Administrative Section

Field	Description	Example
CCNA	Customer Carrier Name Abbreviation	customer provided
PON	Purchase Order Number	customer provided **Note:** This Field is Controlled by Customer
VER	Version Identification	customer provided **Note:** This Field is Controlled by Customer
ICSC	Interexchange Customer Service Center	Select from list above
CC	Company Code	XXXX (Identifies the customer requesting the local service
DDD	Desired Due Date	Standard Interval
REQTYP	Requisition Type and Status	ED
ACT	Activity	N
AFO	Additional Forms	Required if additional detail screens are necessary
LATA	Local Access Transport Area	numeric
RTR	Response Type Requested	F
CUST	Customer Name	JOHN J. SMITH
UNIT	Unit Identification	C
PIU	Percentage of Interstate Usage	100
ACTL	Access Customer Terminal Location	Prohibited on REQTYP E
ASC-EC	Access Service Coordination - Exchange Company	Only needs to be populated on meet point services. Example entry GT10
CKR	Customer Circuit Reference	Customer circuit ID
ECCKT	Exchange Company Circuit ID	Existing circuit id – Blank on ACT = N
QTY	Quantity	1
SPEC	Service and Product Enhancement Code	See list of Valid SPEC Codes – BASED ON PRODUCT https://wholesale.frontier.com/resources/reference-library/access-reference-documents.html
BAN	Billing Account Number	Provide BAN or E = Existing
REMARKS	Remarks	Alternate SWC LSO 315949 (only if SR field on Transport screen = F or J)

Bill Section

Field	Description	Example
BILLNM	Billing Name	XYZ Corporation
SBILLNM	Secondary Billing Name	Accounts Receivable
ACNA	Access Customer Name Abbreviation	XXX
FUSF	Federal Universal Service Fee	E or N **Note:** Refer to the ASOG FUSF field Notes for Assessed or Exempted rules
TE	Tax Exemption	alpha
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	Required
PNUM	Promotion Number	REQUIRED - Contains the Forbearance number associated with the request

Contact Section

Field	Description	Example
INIT	Initiator	James Jones
TEL NO (INIT)	Telephone Number (Initiator)	800-888-1234
DSGCON	Design/Engineering Contact	William Moore
TEL NO (DSG CON)	Telephone Number (Design Contact)	314-555-1234
DRC	Design Routing Code	AN3
STREET (DSG CON)	Street Address (Design Contact)	123 Market Street
CITY (DSG CON)	City (Design Contact)	Any Town
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Jane Smith
TEL NO (IMP CON)	Telephone Number (Implementation Contact)	714-555-7899

013 – End User Service Detail Request Information (EUSA)
Service Detail Section

Field	Description	Example
NC	Network Channel Code	See NC/NCI/SECNCI/SR job aid https://wholesale.frontier.com/resources/access-services/special-access-ordering/special-access-nc-nci-secnci-job-aids.html
NCI	Network Channel Interface Code	See NC Note Above
SR	Special Routing	**Required** See ASOG FOR APPLICABLE ENTRIES
SECNCI	Secondary Network Channel Interface Code	See NC Note Above

Primary Location Section

Field	Description	Example
PRILOC	Primary Location Indicator	E (For End User address) or C + CLLI
CFA	Connecting Facility Assignment	Optional; Only needed if riding a higher level facility
REMARKS	Remarks	UPGRADE PVC SPEED TO XXX

Secondary Location Section

Field	Description	Example
SECLOC	Primary Location Indicator	E (For End User address) or C + CLLI
CFA	Connecting Facility Assignment	Optional; Only needed if riding a higher level facility
REMARKS	Remarks	UPGRADE PVC SPEED TO XXX

015 – Service Address Location Information (SALI)

NOTE: If both end of the requested circuit are end use addresses, you would have a SALI form for EACH location

Field	Description	Example
PI	Primary Location Identifier	Y
EUNAME	End User Name	XYC CORPORATION
SANO	Address Number	450
SASF	Address Number Suffix	42006
SASD	Street Directional Prefix	SW
SASN	Street Name	Main Street
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	585-222-3456

018 - Multi-EC

Access Service Coordination Company Detail		
Field	**Description**	**Example**
ICSC	Interexchange Customer Service Center (ASC-EC)	ICSC code of controlling company i.e. CZ05
BAN	Billing Account Number (ASC-EC)	Billing account number of controlling company - i.e. E (for existing)
HBAN	High Capacity Billing Account Number (ASC-EC)	Billing account number of controlling company - i.e. E (for existing)

Other Exchange Company Detail Section

An entry is needed for EACH company involved with the service request

Field	Description	Example
ICSC	Interexchange Customer Service Center (OEC-EC)	ICSC code of the non-controlling company i.e. VZ05
OECACT	Other Exchange Company Activity	Only valid entry is K for cancel
BAN	Billing Account Number (OEC-EC)	Billing account number of non-controlling company - i.e. E (for existing)
HBAN	High Capacity Billing Account Number (OEC-EC)	Billing account number of non-controlling company - i.e. E (for existing)

Disclaimer: This is an ASR Sample. There are other ASOG fields not included in this documentation. Please refer to ASOG for all field definitions. You may also reference Frontier's Custom Business rules:
https://wholesale.frontier.com/resources/access-services/special-access-ordering.html

Change Log:

Date	Revision
8/21/2015	NEW CTF (California, Texas and Florida) ICSC codes of GT10 and GT11 effective 4-1-2016
06/01/2021	Update embedded links