



Collocation Application - Instructions

Prior to submitting an initial Collocation Application, the customer must initiate the account establishment process. Please contact an Account Manager for details.

Please fill in all information as instructed below:

This Application shall not be altered in any way. Points of clarification or additional information should be noted in Section IX, Additional Comments/Note. Failure to provide all requested information and associated documentation may result in delays in the processing of the application.

Frontier Central Region:

Michigan, Wisconsin

Frontier East Region:

Connecticut, New York, Ohio, Pennsylvania, West Virginia

Frontier Mid-South Region:

Alabama, Georgia, Indiana, Mississippi, Tennessee

Frontier National Region:

Illinois, Iowa, Minnesota, Nebraska, Utah

Frontier South Region:

Arizona, Nevada, New Mexico, Texas

Frontier SouthEast Region:

Florida, North Carolina, South Carolina

Frontier West Region:

California

I. Customer Information

1. **Company:** Name of Company applying for Collocation
 Street: Address of Company including City, State, and ZIP
 City
 State & Zip
2. **Contact Name:** Name of person to whom all information should be conveyed or questions addressed.
 Title: Title of Company contact
 Telephone #: Telephone # (with extension if appropriate) of Company contact
 E-Mail Address: E-Mail address of Company contact
3. **24-Hour Emergency Telephone #:** Enter the 24-hour emergency telephone number.
4. **ACNA:** Enter the Access Carrier Name Abbreviation (ACNA). This is a three to four character code used to identify a telecommunications company.
5. **BAN:** Billing account number
6. **Billing Information:**
 Company Name:
 Billing Manager Name: Enter the name of the person to whom all billing information should be conveyed.
 Telephone #: Telephone # (with ext., if appropriate) of Billing Manager
 Billing Address: Include City, State, and ZIP.

II. Desired Collocation Site

1. **Name of Central Office/Premise(s):** Provide the name of the Central Office in which collocation is desired.
2. **Address:** Provide the Central Office/Premise location, including street address, city, and state.
3. **CLLI Code:** Provide the 8-character Central Office CLLI (Common Language Location Identifier) Code that identifies the wire center. If the request is an augment, termination or reduction to an existing arrangement, the 11-character CLLI is required.



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III. Type of Collocation Requested

1. New Collocation Arrangement – This section should be completed for all requests for new collocation arrangements. In ordering collocation, please indicate the order of preference for the type(s) of collocation arrangements the applicant is willing to consider. In addition, list the applicable tariff code (outlined in Appendix B) as well as your desired and minimally acceptable requirements for each option. Frontier will offer the applicant the minimally acceptable requirement on a *first preference basis before considering the next preference*. Please see *example below*. For all choices, please include the number of terminations required. A certificate of insurance must be provided for all new arrangements.

In the example given below, if Frontier had 50 SF available for traditional collocation, this would be offered to the requesting CLEC before offering SCOPE.

A. Requested Arrangement Type

Type of Collocation Requested		Tariff Code (Appendix B)	Order of Preference	Requirements	Desired	Min
Traditional Physical	**Inter (FCC)			Minimum of 100 Square Feet		
	Intra (State)	NY PSC8	1	Minimum of 25 Square Feet	100 S.F.	50 S.F.
Virtual Collocation	Inter (FCC)			Number of ¼ Relay Racks/Bays		
	Intra (State)	NY PSC8	4	Number of ¼ Relay Racks/Bays	5	3
	ICA (As applicable)	I/A		Number of ¼ Relay Racks/Bays		
*SCOPE (Secured Collocation Open Physical Environment)		NY PSC8	2	Number of Relay Racks/Bays	5	3
*CCOE (Cageless Collocation Open Environment)		NY PSC8	3	Number of Relay Racks/Bays	5	3
**Cageless				Number of Relay Racks/Bays		
**Caged				Minimum of 25 Square Feet		
Shared Caged/Sub-leased						

* These options are only available to CLECs in Connecticut & West Virginia (refer to Appendix B for a list of applicable states).

** These options are available to CLECs in the Frontier Footprint governed by a State Tariff or and ICA supported by a State Tariff (refer to Appendix B for a list of applicable states).
A detailed front equipment drawing showing the type and location of each piece of equipment (including fuse panels) must be provided with the applications.

The following section describes the types of arrangements that can be ordered on this application. Please refer to the Frontier web site for additional information.

The following is a description of each type of collocation.

- **Traditional Physical/Physical:** Traditional Physical Collocation space is ordered in increments of square footage. In the Frontier East territory, Traditional Physical space may be enclosed with wire mesh and a locking door. In the Frontier West territory, Physical space is always enclosed with wire mesh and a locking door.
- **CCOE: Available for Connecticut & West Virginia only** - Cageless Collocation Open Environment - A form of Physical Collocation that allows CLECs to place equipment in Frontier conditioned space. Please indicate the total number of bays the equipment requires. In addition to the information requested in section VI the following information is **required** for CCOE:
 - Block diagram/schematic of equipment layout
 - Bay/relay rack dimensions (height, width, depth)



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- Fuse panel assignment table
- **SCOPE: Available for New York, Pennsylvania, West Virginia only** - Secured Collocation Open Physical Environment – A form of Physical Collocation that provides collocators with the option of placing equipment in a segregated area of a Frontier central office in single bay increments. Please indicate the total number of bays the equipment requires. In addition to the information requested in section VI the following information is **required** for SCOPE:
 - Block diagram/schematic of equipment layout
 - Bay/relay rack dimensions (height, width, depth)
 - Fuse panel assignment table
- **Cageless:** A floor space arrangement allocated to a CLEC for a minimum of a single bay or cabinet in a non-caged environment. Please indicate the total number of bays desired. *See Section VI for more details.* In addition to the information requested in section VI the following information is also **required** for cageless and CCOE:
 - Block diagram/schematic of equipment layout
 - Bay/relay rack dimensions (height, width, depth)
 - Fuse panel assignment table
- **Caged: Frontier West territory only** - A caged floor space arrangement allocated to a CLEC with a minimum cage size of 25 square feet.
- **Shared/Sub-leased Caged:** A caged collocation space shared by two or more CLECs pursuant to the terms and conditions agreed to between the CLECs.

B. CCOE: (West Virginia only):

If the applicant is applying for CCOE anywhere in the Frontier East territory, please select one of the following options:

- Option A - Frontier provides and installs Shared Point of Termination (SPOT) Bay
- Option B - CLEC provides and installs termination panels within the CCOE arrangement*

*Option B requires coordinated detailed engineering between Frontier and the CLEC. Please attach a diagram detailing where the panels will be located within the specific relay rack/bay, each panel's assigned number (i.e.: Panel #0001, panel #0002, etc.) and type/make of termination panels with the quantity and type of connections/terminations (i.e. punch down or amphenol) that the panels require.

C. Physical, Cage Construction:

Frontier no longer constructs the wire mesh enclosure/cage under the State Tariffs. Please indicate the type of cage being constructed and provide the name of the CLEC vendor for cage construction in section VIII.

- Standard Cage A wire mesh enclosure with a height of 8' and no top
- Non-Standard Cage (with top) A wire mesh enclosure with a height of 8' with top
- Cage will not be constructed No wire mesh enclosure

D. Shared/Subleased Physical or Caged:

At the time of ordering, the applicant must specify the percentage of the shared/subleased collocation space allocated to each of the guest CLECs in the shared/subleased arrangement. See the applicable tariff/interconnection agreement for billing information.

List the names of all CLECs sharing this space, indicating the percentage of space being allocated per CLEC. An example follows:

Guest CLEC 1 Name _____ **Company A** **Allocated %** ___ 35
Guest CLEC 2 Name _____ **Company B** **Allocated %** ___ 35

Based on this example, 30% of the collocation space is allocated to the applicant (Host CLEC).

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2. **Augment to an Existing Arrangement** – This section is used to request an augment to an existing collocation arrangement.

A. Type of Existing Arrangement – Indicate the type of arrangement that is being augmented (Physical, Caged, Cageless, Virtual, SCOPE, CCOE.)

Note: Augments submitted for all Virtual arrangements and CCOE arrangements when termination panels (Option B) are provided must have a diagram attached.

B. Augment Type– Indicate the type(s) of augments required. Be sure to check all that apply. Note: Augments submitted for all Virtual arrangements where termination panels are provided must have a diagram attached. Augments submitted for any CCOE arrangement where termination panels are provided by the CLEC must have a diagram attached.

The following are the types of augments available:

CFA Terminations for DS3, DS1, VF/DS0, xDSL, VG (2W, 4W), Fiber ⇒ Used to add cable terminations to the arrangement. Complete section IV.

Power ⇒ Used to add AC power (Complete Section V). DC power to an existing arrangement (Complete section VI.2.A-B).

Connection to CATT ⇒ Used to request connection between the existing collocation arrangement and a CATT (Competitive Alternate Transport Terminal). Complete sections VII and VIII.

Entrance Facilities; Pulling in additional fiber facilities ⇒ Used when additional fiber needs to be run from Manhole “0” to the existing collocation arrangement. Complete sections VII and VIII.

Addition/Change of Equipment ⇒ Used when adding or changing equipment in an existing arrangement. Check any other appropriate boxes associated with this augment request. Complete sections VIII and Appendix A. For Virtual, also complete section C below.

Space ⇒ Used when requesting an expansion of an existing arrangement.

Indicate the amount of square feet or number of relay racks/bays desired. For number of relay racks/bays, please complete section VI. Frontier will make reasonable efforts to accommodate a request for contiguous space. In the event that contiguous space is not available, please indicate if non-contiguous space is acceptable.

CFA Terminations for Line Share ⇒ Used to add line share terminations to the arrangement. Complete section IV.

Software upgrade to a virtual arrangement ⇒ Used when upgrading existing software to a Virtual arrangement; done on a per shelf basis. Complete section VI.

Plug-in upgrade to a Virtual arrangement - Cabling Required ⇒ Used when requesting plug-ins upgrade to an existing Virtual arrangement. Check the cable and/or line share termination box(s) above and in addition complete section IV and Appendix A of the application.

Plug-in upgrade to a Virtual arrangement – No Cabling Required ⇒ Used when requesting plug-ins upgrade to an existing Virtual arrangement. Complete Appendix A of the application.

Interconnect via microwave ⇒ Used when installing a microwave arrangements to interconnect with Frontier facilities. Complete sections V, VI, VII, and VIII.

Shared/Subleased Space.

C. Specify Initial Arrangement Tariff Code or ICA:

- Specify the Tariff Code (if applicable) under which you are applying (as listed in Appendix B of the instructions). The Tariff Code specified should be the code of the tariff under which you currently subscribe for the initial arrangement. (For instance, if you originally subscribed to the initial arrangement under one tariff and the arrangement was then terminated as an arrangement under that tariff and reestablished as an arrangement subscribed to under another tariff, the code for the currently applicable tariff should be specified.) The tariff must be the same as the tariff for the existing arrangement when adding Voice Grades to an existing Federal arrangement in the Frontier East territory or Line Sharing to an existing Federal arrangement anywhere in Frontier. If the initial arrangement is subscribed to pursuant to an Interconnection Agreement in NC, or TX (i.e., not pursuant to an FCC or state tariff), specify “ICA”.



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3. Changes made to an application

***Note: Corrections.** Changes to a pending application that are received by Frontier prior to the start date of the application are considered "Corrections." Please refer to them as such in the body of the submission email.

Revisions. Changes to a pending application that are received by Frontier on or within five (5) business days after the start date of the application are considered "Revisions." Please refer to them as such in the body of the submission email.

Reason for Change: Describe the reason for changing your previously submitted application.

Changes to a pending application that are received more than five (5) business days after the start date for the application must be approved by Frontier. If changes are not approved, the CLEC must submit an augment application and the appropriate augment fee, or cancel the application and submit a new application.

Always include the Frontier Application ID# and/or the Control # of the original application on both Correction and Revision requests.

4. 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 or has been provided previously, provide its expiration date. If the Certificate is not being provided with this application, please provide the date on which it will be submitted.

IV. Type of Termination, Request, and Cables to be Provisioned

Please indicate the quantity for each of the service/termination types for every collocation arrangement that the applicant has requested in Section III. If the request is for an augment, indicate the quantity of terminations requested for the existing arrangement type. Terminations to be cabled are those that will be run between the demarcation point/virtual equipment and the Frontier distributing frames to support the equipment being installed with this application. Please provide the minimum and maximum quantity desired for each termination.

For the each Region, certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly. (Please refer to Appendix C attached.)

If ordering Line Sharing, complete Section IV, # 3. – Line Sharing



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- The table below is associated with Traditional Physical and Caged; SCOPE and CCOE, when Frontier provides the POT or SPOT Bay, and Frontier installed Virtual collocation.

Type of Termination		Physical/Caged		SCOPE -Frontier Provided POT or SPOT BAY		CCOE -Frontier Provided POT or SPOT BAY		Frontier Installed Virtual	
		Desired	Minimum Amount Acceptable	Desired	Minimum Amount Acceptable	Desired	Minimum Amount Acceptable	Desired	Minimum Amount Acceptable
DS3									
DS1									
DSO/VF									
VG- 2W									
VG-4W									
*Line Sharing/Splitters									
Fiber Cable Terminations									
# BITS Timing Cabling	DSI - Superframe (SF)								
	DSI - Extended Superframe (ESF)								
	Composite								

* Quantity of Line Sharing terminations should be equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Frontier and Frontier must be obligated to provide Line Sharing to CLEC. Refer to Section V.3 - Line Sharing and the Note at the end of these Instructions.



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2. This table pertains to Collocation applicants requesting CLEC installed Cageless, CCOE with CLEC provided POT Bay, or Virtual racked and stacked.

Type of Termination	Cageless, CCOE with CLEC provided POT Bay, or Virtual (if racked & stacked)									
	Bay 1		Bay 2		Bay 3		Bay 4		Bay 5	
	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable
DS3										
DS1										
VF/VG-2W										
VG-4W										
*Line Sharing/ Splitters										
Fiber Cable Terminations										
# BITS Timing Cabling	**DSI - Superframe (SF)									
	DSI - Extended Superframe (ESF)									
	Composite									

* * Quantity of Line Sharing terminations should be equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Frontier and Frontier must be obligated to provide Line Sharing to CLEC. Refer to Section V.3 - Line Sharing and the Note at the end of these Instructions.

Please round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40 Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.

Line sharing requires 2 cable pairs to be provisioned for each Line Sharing termination order. Thus, Frontier will run and bill 2 cable pairs for each line share termination ordered in this section of the application. For example, if you order 100 Line Sharing terminations, Frontier will provision and bill for 200 pairs.

** The DS1 BITS signal from the TSG to the collocation arrangement will support the Superframe (SF) format and, where available, may support Extended Superframe (ESF) format where available.

Applicants in the Frontier East territory requiring BITS Timing must indicate the quantity of timing leads for either DS1 Timing or Composite Clock Timing. The DS1 Timing may be requested in either Superframe (SF) or Extended Superframe (ESF) format on the application. In the event that ESF is not available Frontier will provide Superframe format.



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If the applicant is applying for collocation in the Frontier West territory, please indicate whether the applicant or Frontier will provide all intraoffice cabling for DS1/3, VG and/or Line Sharing, Fiber cable terminations, DS1/Composite BITS Timing, and DC Power (BATT & RTN). Cables will be open-ended (non-connectorized) at the Collocator's cage, bay or cabinet location. The collocator will be responsible for the termination of all cable grounds as well as facility pulls at the collocator's cage, bay or cabinet.

3. Line Sharing: Please indicate the option you will be using to deploy line sharing:

Option A – CLEC provides splitters in its arrangement.

Option C – CLEC provided splitter shelf is installed in a Frontier provided bay, in Frontier space.

If selecting Option C, indicate if Frontier or the CLEC will be installing the splitter shelf. If the CLEC installs the splitter shelf, it will be responsible for installing cable to POT Bay and cable to the MDF POTS terminals of the line share blocks. In addition, provide the Frontier approved Equipment Installation Vendor Name in section VIII.

When Option C is selected, the CLEC can install the splitter/filters in the following jurisdictions: NY, PA & WV.

Requests for all Line Share terminations should be equivalent to the number of splitters to be installed. Please ensure that the number of Line Share terminations requested is populated in section IV.1.

Note: New Line Sharing services are available only to CLECs who have entered into a commercial agreement with Frontier for Line Sharing services.



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V. DC Power Requirements – Initial applications and augments increasing power to an existing arrangement.

1. General Instructions

Please indicate your requirements for –48V Battery & Ground. Provide the total number of “A” feeds and/or the total number of “B” feeds for each type of collocation request. Indicate the requested drain/load per feed and the fuse size per feed. Where applicable, include cable ampacity and cable designation information as well.

The CLEC is responsible for determining the anticipated power consumption of the collocation arrangement and is responsible for taking into consideration any special circumstances in determining drain/load and fuse size of each feed.

Fused capacity shall not exceed 2.5 times the CLEC specified load per feed. The total drain/load per feed must be expressed in whole numbers and not fractions.

Additionally, the fused capacity must be expressed in industry standard fuse sizes as indicated in the following tables:

Industry Standard Fuses at BDFB*

Amp Rating	3	5	6	10	15	20	25	30	40	50	60	
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*Some BDFBs have fusing available at 70 amps. Frontier will entertain any 70 amps fuse requests. In offices where 70 amps are not available on the BDFB, Frontier will go to the MPB with assistance from the FTR Power Engineer. Additional costs associated with utilizing the MPB will apply.

Industry Standard Fuses at Main Power Board

Amp Rating	100	110	125	150	175	200	225	300	400	500		
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When ordering multiple power feeds, please indicate each feed’s requirements separately. Frontier anticipates the customer will properly engineer fuse capacity and must consider any special circumstances in determining drain/load and fuse size of each feed.

Due to the fact that fuses come in industry standard sizing, fusing at 2.5 times drain/load may not be possible in all cases based on the CLEC specified drain/load. In those situations, the CLEC must determine whether to choose a fuse sizing that is less than 2.5 times drain/load or increase the load in order to conform to the industry fuse sizes. The manufacturer’s specifications should be consulted to determine power requirements.

A CLEC can order just an “A’ feed, and then at a later date submit an augment to place a “B” feed due to a change in its requirements.

2. DC POWER REQUIREMENTS – AUGMENTING POWER

In section A. # 2, the CLEC must indicate the type of work to be performed. Please check whether the CLEC is requesting a new feed, a change to an existing feed or the replacement of an existing feed with a feed of greater capacity . The CLEC must check all the applicable boxes indicating: Disposition Code: N for a new feed, Disposition Code: C for Load/drain increase to existing feed, fuse increase on an existing feed and Disposition Code: T for terminating a feed that is being replaced by an N coded larger ampacity feed. Requests to decrease either fuse or load requirements on an existing feed must be submitted via a Notice of Termination/Reduction application.



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The CLEC may be required to participate in a joint coordination/site visit to identify applicable power feeds. Frontier must approve any/all drain/load or fusing changes to existing power cables. Please note all applicable tariff rates and augment intervals will apply for an increase in drain size.

2. Detailed Power Requirements. The following must be completed detailing all the power requirements whether new or changed to an existing arrangement. Example:

For Traditional Physical, Caged, Cageless, Virtual, CCOE or Virtual Racked & Stacked											
Power Configuration	Feed	*Disposition	Drain/Load Existing	Drain/Load Requested	Amps Fused Existing	Amp Fused Requested	*Cable Ampacity	Feed Designation			Bay Designation
								BDFB/MPB/RR Designation	Panel Designation	Fuse Assignment	
1	A	N		20		50					
	B	N		20		50					
2	A	C	5	10	10	15	30	101.2	A1	4	
	B	C	5	10	10	15	30	101.2	B1	4	
3	A	N		20		40					
	B	N		20		40					
4	A	T	10	0	20	0		103.1	A2	5	
	B	T	10	0	20	0		103.1	B2	5	
		a.	b.	a.	b.	a.	c.				

a. Required for all power augments

Column Title:

*Disposition - please indicate "N" for New Feed; "C" for a Change to an existing feed with a larger capacity feed in drain; "T" for terminating a power feed that will be replaced by an N coded, larger ampacity feed; "NC" for no change.

Drain/Load Requested

Amps Fused Requested

b. Required for increases to existing feeds (feed designation information not required if CLEC is increasing load only).

Column Title:

Drain/Load Existing

Amps Fused Existing

BDFB/MPB/RR Designation

Panel Designation

Fuse Assignment

c. Applies where CLEC requesting a fuse increase on a existing feed (NY only) or to increase fuse size on existing cables ordered with larger *ampacity rating (NY only) where existing cable has the capacity to handle the requested fuse size in accordance with Frontier Engineering Standards.

Column Title:

* **Cable Ampacity (Ultimate load capacity for a given feed)**

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The manufacturer's specifications should be consulted to determine power requirements.

Example:

- Power Configuration 1: CLEC REQUESTING NEW FEED. The customer requires 1 "A" feed, with 20 amps load feed fused at 50 amps; and 1 "B" feed, with 20 amps load feed fused at 50 amps
- Power Configuration 2: The customer is requesting to change existing A & B feeds from 5 amps load, 10 amps fused to 10 amps load, 15 amps fused. Disposition designation "C" because existing feed can accommodate increase of power requirements. Increase in fuse requirement on an existing feed requires feed designation information. In this example, the existing cable has an ampacity of 30 amps. Note, if it is determined that the existing cable cannot accommodate the requested fuse size, the CLEC will be required to revise the request to ask for a new feed and terminate the existing, insufficiently-sized feed. This would require the installation of a new cable, removal of an old cable and coordination with the CLEC to power down and up its equipment.
- Power Configuration 3: For NY only, CLEC requesting a new power feed with a larger ampacity cable rating. CLEC requests A & B feeds at 10 amps load, 40 amps fused and request the feed to be sized for an ampacity rating of 60
- Power Configuration 4: CLEC requesting new A & B feeds of 20 amps load and 40 amps fused to replace existing feeds. (see configuration 5)
- Power Configuration 5: CLEC terminating existing A & B feeds of 10 amps load, 20 amps fused to be replaced by larger capacity feeds - (see configuration 4). Termination of feed requires feed designation information and must be accompanied by a new feed request if included on an augment application.

Power configurations must be designated by the correct Bay for SCOPE, Cageless, CCOE or Virtual Racked & Stacked. For Physical and Virtual (if not racked and stacked) if more than 3 power feeds are required subsequent bay sections must be used.

VI. Technical Equipment Specifications - All of this information must be detailed on Appendix A.

1. Provide a list of the equipment and framework (bays). Include the Quantity, Manufacturer/Model #, Equipment Nomenclature, Dimensions – HxWxD, Equipment Weight, Equipment BTUs (Ultimate Heat Release), Manufacturer's specified drain in Amps for –48V DC, Common Language Equipment Identifier (CLEI). Also include the total amount of drain/load rounded up to the nearest amp for the equipment listed on the application.

Bays should be included as separate pieces of equipment. If this is an augment, please include existing and newly requested equipment in the amps calculation. Appendix A must be completed for each shelf type, system type, bay structure type and cabinet type.

2. Network Equipment Building System (NEBS) Conformance Requirements

The applicant must execute the "NEBS Compliance Certification" set out in this section for all equipment (whether active or passive) to be installed in connection with the collocation arrangements covered by the application.

Equipment requiring certification may not be installed until the NEBS Compliance Certification is submitted for that equipment.

The ANSI and Telcordia Generic NEBS Requirements, NEBS GR-63 (GR-63 NEBS™ Requirements: Physical Protection) and NEBS GR-1089 (GR-1089, Electromagnetic Compatibility and Electrical Safety – Generic Criteria for Network Telecommunications Equipment) are available from Telcordia.



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VII. Entrance Facility Information:

Note: The Entrance Fiber Facility portion of this project will be managed outside the collocation interval.

1. Please indicate the transport option the applicant intends to use. Check the appropriate method.

- Check this box if leasing facilities from Frontier.
- Check this box if leasing fiber from a CATT (Competitive Alternate Transport Terminal) arrangement. Provide the name of the CATT provider and 11 character CLLI Code of the 3rd party and attach a Letter of Agency (LOA) from the provider. Complete sections 3 and 4 below.
- Check this box if CLEC is pulling in fiber facilities via Manhole "0" ⇒ If you have checked this method, please complete items 2-4 of this section.
- Microwave ⇒ contact your Collocation Project Manager for details on rooftop leasing for microwave and skip to Section VIII.

2. Cable Information:

- A. Indicate the desired direction from where cable will originate or the desired "0" Manhole location(s).
- B. Has the right of way or Licensing been established. The CLEC must have established Right of Way/Licensing Agreements and provide the following information: Contract Number, Manhole "0" Number(s), Manhole "0" License Application and the date fiber will be placed in Manhole "0".
- C. Indicate if Diverse Route Entry is being requested (where available). Check Yes or No.

3. Cable Requirements:

- A. Indicate the number of cables to be placed in both the Feeder and Riser.
- B. Indicate the diameter of the cables required for both the Feeder and Riser.
- C. Indicate the number of fibers (i.e. 12, 24, etc.) required per cable for both the Feeder and Riser.

4. Cable Characteristics

- A. Enter the Cable Designation and Count.
- B. Name of Fiber Manufacturer.
- C. Type of Single Mode Fiber Used.
- D. Loss Decibels per Kilometer.

VIII. Customer's Vendor Selection:

1. Enter the Company Name, Address, and Telephone Number of the Engineering Vendor.
2. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor that will be used for cable placement.
3. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor that will be used for cable splicing.
4. Enter the Company Name, Address, and Telephone Number for the Equipment Installation Vendor.
5. Enter the Company Name, Address, and Telephone Number of the Installation Vendor that will be used for riser cable.
6. Enter the Company Name, Address, and Telephone Number of the Vendor that will be used for Cage Construction.

Note: The CLEC is required to use a Frontier approved vendor, or a Frontier authorized vendor to do work anywhere in the central office.

IX. Additional Comments/Notes:

This field is to be populated with additional information that the applicant would like to convey to Frontier.



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Note: Special Circumstances:

If an application is being used to submit a Transfer of Ownership transaction, the buying CLEC is responsible for completion of the application and must include the location of the central office, the CLLI code, and the type of Collocation arrangement involved.

Transfer of Ownership transactions will be managed outside the collocation intervals.

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: The Application and these Instructions may reference services, facilities, arrangements and the like that Frontier does not have an obligation to provide a CLEC under Frontier's agreements with such CLEC (including Frontier's tariffs, interconnection agreement with a CLEC and commercial service agreements with the CLEC). Notwithstanding any such references, nothing in the Application or these Instructions shall be deemed to require Frontier to provide to a CLEC a service, facility, arrangement or the like Frontier does not have an obligation to provide under Frontier's agreements with that CLEC or to provide to a CLEC a service, facility, arrangement or the like upon rates, terms, or conditions other than those required by Frontier's agreements with the CLEC.

Appendix A: List of Plug-Ins (Cards)

Appendix A of the Collocation application - List all types of plug-ins that will be used for each shelf/system. Use a separate sheet for each different shelf/system. Provide the contact name, telephone number, fax number, and email address for questions related to this information.



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APPENDIX B

FRONTIER COLLOCATION TARIFFS *	Tariff Code for the Application	PRODUCTS OFFERED
FEDERAL TARIFFS		
FCC 4 (WV)	FCC 4	Physical, Virtual
FCC 5 (IL, IN, MI, NC, OH, SC, WI)	FCC 5	Physical, Virtual
FCC 6 (CA, IL)	FCC 6	Physical, Virtual
FCC 13 (CA, TX)	FCC 13	Physical, Virtual
FCC 14 (CA, FL, TX)	FCC 14	Physical, Virtual, CATT
STATE TARIFFS		
Arizona Intrastate Access AZICAA0	AZICAA0	Caged, Cageless, Virtual
California Tariff SCHEDULE Cal.P.U.C. No. C-1 Expanded Interconnection Services	CA PUC K-9	Caged, Cageless, Virtual
Connecticut Access Service Tariff: Section 14 Expanded Interconnection	CT-14	Traditional Physical, Virtual
Illinois - Ill. ILIGL17	IL CC 17	Caged, Cageless, Virtual
Indiana - INIGAT-6	IN IURC T-6	Caged, Cageless, Virtual
Michigan - MPSC MIIGO20R	MI MPSC 20R	Caged, Cageless, Virtual
Nevada Intrastate Access NV 3-B	NV 3-B	Caged, Cageless, Virtual
PSC 3 (AL, AR, FL, GA, IA, MN, MS, NE, NM, NY, TN, UT)		
South Carolina Intrastate Access SCIGAA	SCIGAA	Caged, Cageless, Virtual
West Virginia – WVIEA218	WV PSC 218	Traditional Physical, Virtual, SCOPE, CCOE
Wisconsin - WIIGA5	WI PSC 5	Caged, Cageless, Virtual
INTERCONNECTION AGREEMENT ONLY		
California, North Carolina, Ohio, Texas	ICA	

*** Note – Please check with the appropriate Commission to verify if a specific tariff is in effect.**



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APPENDIX C

Ordering Increments for Cable Terminations

PRODUCT	TYPE	FCC 1 ORDERING INCREMENTS	FCC 11 ORDERING INCREMENTS	New York PSC NY No.8 ORDERING INCREMENTS	Connecticut CT No. 11 ORDERING INCREMENTS
Traditional Physical	DS3	N/A	N/A	1	1
	DS1	N/A	N/A	28	28
	2W VG	N/A	N/A	100	100
	LS**	N/A	N/A	100	100
	4W VG	N/A	N/A	50	50
	FIBER*	N/A	N/A	12	12
Virtual Frontier Installs	DS3	1	1	1	1
	DS1	28	28	28	28
	2W VG	# State Tariff	# State Tariff	100	100
	LS**	# State Tariff	# State Tariff	100	100
	4W VG	# State Tariff	# State Tariff	50	50
	FIBER*	12	12	12	12
SCOPE	DS3	N/A	N/A	1	1
	DS1	N/A	N/A	28	28
	2W VG	N/A	N/A	100	100
	LS**	N/A	N/A	100	100
	4W VG	N/A	N/A	50	50
	FIBER*	N/A	N/A	12	12
CCOE with Frontier provided SPOT Bay	DS3	N/A	N/A	1	1
	DS1	N/A	N/A	28	28
	2W VG	N/A	N/A	100	100
	LS**	N/A	N/A	100	100
	4W VG	N/A	N/A	50	50
	FIBER*	N/A	N/A	12	12
CCOE with CLEC provided Demarc	DS3	N/A	N/A	1	1
	DS1	N/A	N/A	28	28
	2W VG	N/A	N/A	100	100
	LS**	N/A	N/A	100	100
	4W VG	N/A	N/A	50	50
	FIBER*	N/A	N/A	12	12

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.



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APPENDIX C

Ordering Increments for Cable Terminations

PRODUCT	TYPE		Pennsylvania PA PUC No. 218 ORDERING INCREMENTS ##		West Virginia PSC W.Va. No. 218 ORDERING INCREMENTS ##
Traditional Physical	DS3		1		1
	DS1		28		28
	2W VG		100		100
	LS**		100		100
	4W VG		50		50
	FIBER*		12		12
Virtual Frontier Installs	DS3		1		1
	DS1		28		28
	2W VG		100		100
	LS**		100		100
	4W VG		50		50
	FIBER*		12		12
SCOPE	DS3		1		1
	DS1		28		28
	2W VG		100		100
	LS**		100		100
	4W VG		50		50
	FIBER*		12		12
CCOE with Frontier provided SPOT Bay	DS3		1		1
	DS1		28		28
	2W VG		100		100
	LS**		100		100
	4W VG		50		50
	FIBER*		12		12
CCOE with CLEC provided Demarc	DS3		1		1
	DS1		28		28
	2W VG		100		100
	LS**		100		100
	4W VG		50		50
	FIBER*		12		12

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.



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APPENDIX C

Ordering Increments for Cable Terminations

PRODUCT	TYPE	FCC 14 ORDERING INCREMENTS	FCC 16 ORDERING INCREMENTS	Arizona Intrastate Access ORDERING INCREMENTS	Pending Approval California PUC No. K-9 ORDERING INCREMENTS
Traditional Physical (Caged)	DS3	1	1	1	1
	DS1	28	28	28	28
	DSO	100	100	100	100
	FIBER*	12	12	1	1
Virtual Frontier Installs	DS3	1	1	1	1
	DS1	28	28	28	28
	DSO	100	100	100	100
	FIBER*	12	12	1	1
Cageless with Frontier provided SPOT Bay	DS3	N/A	N/A	1	1
	DS1	N/A	N/A	28	28
	DSO	N/A	N/A	100	100
	FIBER*	N/A	N/A	1	1

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.



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APPENDIX C Ordering Increments for Cable Terminations

PRODUCT	TYPE	Florida Intrastate Access ORDERING INCREMENTS		Illinois III.C.C. No.12 ORDERING INCREMENTS	Indiana IURC No. T-6 ORDERING INCREMENTS
Traditional Physical (Caged)	DS3	1		1	1
	DS1	28		28	28
	DSO	100		100	100
	FIBER*	1		1	1
Virtual Frontier Installs	DS3	1		1	1
	DS1	28		28	28
	DSO	100		100	100
	FIBER*	1		1	1
Cageless with Frontier provided SPOT Bay	DS3	1		1	1
	DS1	28		28	28
	DSO	100		100	100
	FIBER*	1		1	1

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.



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APPENDIX C

Ordering Increments for Cable Terminations

PRODUCT	TYPE	Michigan MPSC No.20R ORDERING INCREMENTS	Nevada Intrastate Access ORDERING INCREMENTS	Pending Approval Ohio PUCO No.8 ORDERING INCREMENTS	Pennsylvania PA PUC No.9 ORDERING INCREMENTS
Traditional Physical (Caged)	DS3	1	1	1	1
	DS1	28	28	28	28
	DSO	100	100	100	100
	FIBER*	1	1	1	1
Virtual Frontier Installs	DS3	1	1	1	1
	DS1	28	28	28	28
	DSO	100	100	100	100
	FIBER*	1	1	1	1
Cageless with Frontier provided SPOT Bay	DS3	1	1	1	1
	DS1	28	28	28	28
	DSO	100	100	100	100
	FIBER*	1	1	1	1

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.



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APPENDIX C Ordering Increments for Cable Terminations

PRODUCT	TYPE	So. Carolina Intrastate Access ORDERING INCREMENTS	Virginia Intrastate Access ORDERING INCREMENTS		Wisconsin PSC of W. No.5 ORDERING INCREMENTS
Traditional Physical (Caged)	DS3	1	1		1
	DS1	28	28		28
	DSO	100	100		100
	FIBER*	1	1		1
Virtual Frontier Installs	DS3	1	1		1
	DS1	28	28		28
	DSO	100	100		100
	FIBER*	1	1		1
Cageless with Frontier provided SPOT Bay	DS3	1	1		1
	DS1	28	28		28
	DSO	100	100		100
	FIBER*	1	1		1

N/A = Not Available

* 2 fibers = 1 transmit and 1 receive

** 100 LS = Splitters/Customer Served

Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Frontier will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.

Change Log

Date	Page	Revision
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