Fidium Fiber use Only

App ID # _____

CATT (COMPETITIVE ALTERNATE TRANSPORT TERMINAL) APPLICATION

DATE SENT _____ (mm/dd/yy) DATE REC'D _____ (mm/dd/yy)

I. CUSTOMER INFORMATION

1. **Company** ____

   Street ____

   City ____ State _____ ZIP _____

2. **Contact Name** _____

   Telephone # ____ Fax # ____ E-Mail Address _____

3. **24 Hour Emergency Contact Telephone #** _____

4. **Desired Service Date** _____ / _____ / _____

5. **Central Office CLLI Code** ____

   Street Address _ City _____ State _____

6. **ACNA** _____ (If Applicable)

7. **Billing Information**

   Billing Manager Name _____

   Company Name _____

   Street Address _____

   City _____ **State** _____ **Zip Code** ___

8. **Tariff** _____

II. TECHNICAL EQUIPMENT SPECIFICATIONS

1. List of equipment to be installed by customer

Please specify the manufacturer and model number, dimensions (size), quantity to be installed and the maximum number of fibers the equipment/terminal can accommodate. Please provide the type of equipment that would be used for both a vault and ASA installation.
This information is REQUIRED.

	Manufacturer/Model #	Dimensions (H x W x D)	Quantity	Maximum Fibers
Vault:				
ASA:				

2. NEBS Conformance Requirements

All equipment to be installed or placed in Fidium Central Offices must be tested to, and is expected to meet the NEBS (Level 3) family of requirements. *A properly completed NEBS Conformance Checklist and the supporting data for the Risk/Hazard Related elements* (as identified in the NEBS Equipment Protection Cross-Reference Section of the Fidium CLEC Handbook) *is required. Failure to provide this information may delay processing of this application.* The NEBS Conformance Check List, detailed instructions and address for submission can be found in the Fidium Wholesale Services Collocation Web Site.

If the NEBS Conformance Check List and supporting documentation for the equipment to be installed on this application has been submitted with a prior application, please provide the following:

Date Submitted: _____ Location: ____ Control #: _

III. OUTSIDE PLANT FIELD SURVEY

1. Cable Information

A. Have Licensing Agreements for this location been established and issued?

Yes [ ] Please provide the following information:

Contract ID Number: _____ Manhole "0" License Application # _____

Manhole "0" Numbers designated on License _____

Date Fiber in Manhole "0": _____

. No [ ] Please indicate the desired direction from which cables will originate (be specific):

_____

_____

B. Dual Building Entrance Requested (where available): Yes [ ] No [ ]

2. Cable Requirements

A. Number of Cables To Be Placed: _____

B. Size of Cables (Diameter): _____

C. Number of Fibers per Cable: _____

IV. CUSTOMER'S VENDOR SELECTION

1. Engineering Vendor _____
Address _____

Telephone Number _____

2. Outside Plant Vendor _____
(for cable placement)
Address _____

Telephone Number

3. Outside Plant Vendor _____
(for cable splicing)
Address _____

Telephone Number _____

4. Installation Vendor _____
(for equipment)
Address _____

Telephone Number _____

V. CERTIFICATE OF INSURANCE

A Certificate of Insurance must be provided for all new sites prior to occupancy.

Certificate Attached: Yes ☐ No ☐ If Yes, please provide expiration date: __

If No, date certificate to be provided: __

VI. REMARKS:

Please submit this application, all supporting documentation and applicable application fee to:

Fidium Fiber Wholesale Service Center
600 Sable Oaks Dr, STE 200
South Portland, ME 04106-3292

E-Mail Address: wholesalecollocation@fidium.com

Website: https://www.fidiumwholesale.com

NOTE: Failure to provide all requested information and associated documentation may result in delays in the processing of this application.