COLLOCATION APPLICATION

(New arrangements or augments)

DATE SENT: _____(mm/dd/yy) DATE RCV'D (for CCI use only): _____
REVISION (if applicable): YES ☐ NO ☐
If YES, complete Section III.3

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

I. CUSTOMER INFORMATION

1. **Company Name:** _____
   Address: _____
   City: _____ **State:** _____ **ZIP:** _____
2. **Contact Name:** _____ **Title:** _____
   Telephone: _____ **FAX:** _____
   Email Address: _____
3. **24 Hour Emergency Telephone:** _____
4. **Access Carrier Name Abbreviation (ACNA):** _____
5. **Alternate Exchange Carrier Name (AECN):** _____
6. **Billing Information (if different):**
   Company Name: _____
   Contact Name: _____ **Telephone:** _____
   Email Address: _____
   Address: _____
   City: _____ **State:** _____ **ZIP:** _____

II. COLLOCATION SITE

1. **Central Office/Wire Center:** _____ **CLLI Code:** _____
   Provide the name of the Central Office AND the 8-character CLLI Code (Common Language Location Identifier) that identifies the wire center. Provide the 11-character CLLI Code if the request is for an augment to an existing arrangement.
2. **Address:** _____
   City: _____ **State:** _____ **ZIP:** _____

III. TYPE OF COLLOCATION

1. New Collocation Space

If requesting multiple types of collocation dependent on availability, please rank the type of arrangement requested in order of preference, i.e., "1" indicates first preference, "2" indicates second preference, etc.

A. Requested Arrangement Type

Type of Collocation Requested	Tariff*	Order Of Preference	Requirements	Desired SF or Number of Bays	Minimum SF or Number of Bays
Traditional Physical			Standard node size of 25, 100 or 300 SF (Square Feet)		
			Add'l SF in increments of 20 SF (not available with 25 SF node)		
SCOPE (Secured Collocation Open Environment)			Number of Bays		
CCOE (Cageless Collocation Open Environment)			Number of Bays		
Virtual			Number of ¼ Relay Racks/Bays		

***** Indicate the Tariff the new Collocation arrangement is requested (ordered) from, i.e. ME 20, NH 84, VT 22 or FCC 11 (virtual only).

B. Physical - Point of Termination (POT) Bay

If requesting a new traditional physical collocation arrangement, select one of the following options:

☐ **Option 1** – Fidium provides POT Bay and installs in common area.

☐ **Option 2** – CLEC provides POT Bay and Fidium installs in common area.

☐ **Option 3** – CLEC provides and installs POT Bay in CLEC arrangement (footprint).

C. CCOE – Shared Point of Termination (SPOT) Bay

If requesting a new CCOE collocation arrangement, select one of the following options:

☐ **Option A** – Fidium provides and installs SPOT Bay.

☐ **Option B** – CLEC provides and installs termination panels within CLECs' CCOE bays.

D. Cage Construction (Traditional Physical)

Fidium does not construct a wire-mesh enclosure/cage, as outlined in the applicable tariffs. If enclosure is to be provided, please indicate the type to be constructed below and provide the name of the CLEC vendor in Section VIII.

☐ Standard Cage ☐ Non-standard Cage (with top)

2. Augment to an Existing Arrangement

A. Type of existing arrangement:

☐ Physical ☐ SCOPE ☐ CCOE ☐ Virtual

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

B. Tariff Code: _____

Indicate Tariff arrangement is billing from, i.e. ME 20, NH 84, VT 22 or FCC 11 (virtual only).

C. Augment Type – Check all applicable items:

☐ **Space** – Indicate both desired and minimum quantities

1. Square Feet Desired ___ Minimum ___
   Non-contiguous space is acceptable: YES ☐ NO ☐
2. SCOPE or CCOE Bays Desired ___ Minimum ___
   Non-contiguous space is acceptable: YES ☐ NO ☐
3. Virtual Relay Racks/Bays Desired ___ Minimum ___

☐ **Cable Terminations** (Voice Grades, DS1s, DS3s, Fiber) – Complete Section IV.

☐ **Cable Terminations for Line Sharing** – Complete Section IV.

☐ **DC Power** – Complete Section V.

☐ **Addition/Change of Equipment** – Complete Section VI and Section VIII.

☐ **Connection to CATT** – Complete Section VII and Section VIII.

☐ **Pull in Fiber facilities** – Complete Section VII and Section VIII.

☐ **Plug-in Upgrade in a Virtual arrangement (cabling required)** – Check the Cable Terminations box above and complete Section IV and Appendix A.

☐ **Plug-in Upgrade in a Virtual arrangement (no cabling required)** – Complete Appendix A.

☐ **Software Upgrade in a Virtual arrangement** – Complete Appendix A.

☐ **Interconnect via Microwave** – Complete Sections V, VI, VII and VIII.

3. Changes/Revisions to an Application

Changes (corrections) received by Fidium prior to the Start Date or Revisions received by Fidium on or within five (5) business days after the Start Date do not require approval. Revisions received more than five (5) business days after the Start Date must be approved by Fidium. If Revisions are not approved, the CLEC must either submit an augment application and the appropriate augment fee (if applicable) or cancel the application and submit a new application.

Fidium Application ID: _____

Changes Requested/Reason for Changes: _____

_____

_____

_____

4. Certificate of Insurance (COI):

A current COI must be provided for all new sites prior to occupancy. Please indicate whether or not you are providing the Insurance Certificate with this application.

☐ YES – Expiration Date:_____ ☐ NO – Date COI to be provided by: _____(mm/dd/yy)

IV. CABLE TERMINATIONS

In the tables below, provide the quantity desired and minimum quantity acceptable for each type of cable termination. Refer to the Application Instructions Appendix B for minimum increments allowed under each tariff.

1. This table is to be used when requesting cable terminations for Traditional Physical, SCOPE and Virtual arrangements and CCOE arrangements where Fidium provides the SPOT Bay.

Type of Termination	Traditional Physical		SCOPE		CCOE		Virtual	
	Desired	Minimum	Desired	Minimum	Desired	Minimum	Desired	Minimum
Voice Grade (2W)								
Voice Grade (4W)								
Line Share/Splitters*								
DS1								
DS3								
Fiber Terminations								

2. This table is to be used when requesting cable terminations for CCOE when the CLEC will install termination panels within its' own bays.

Type of Termination	CCOE with CLEC-provided POT Bay or Termination Panels									
	Bay 1		Bay 2		Bay 3		Bay 4		Bay 5	
	Desired	Min	Desired	Min	Desired	Min	Desired	Min	Desired	Min
Voice Grade (2W)										
Voice Grade (4W)										
Line Share/Splitters*										
DS1										
DS3										
Fiber Terminations										

* 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 Fidium and Fidium must be obligated to provide Line Sharing to CLEC. Refer to Section IV.3 – Line Sharing and the "Note" at the end of this Application.

3. BITS (Business Integrated Timing Supply)

BITS is only available to CLECs for DS1 and Composite Clock timing requests, subject to availability of the timing source in the central office. The DS1 BITS signal from the Timing Signal Generator (TSG) unit to the collocation arrangement will support the Superframe (SF) format and, where available**,** Extended Superframe (ESF) format.

Provide the timing format and the desired and minimum number of timing output ports.

☐ **DS1 Superframe** Quantity _____ Minimum

☐ **DS1 Extended Superframe** Quantity _____ Minimum

☐ **Composite Clock** Quantity ___ Minimum ___

Alternate format acceptable if first choice is not available? ☐ **YES** ☐ **NO** Type: _____

4. LINE SHARING

Indicate the option that will be used to deploy Line Sharing:

☐ **Option A:** CLEC provides splitter(s) in its arrangement.

☐ **Option C:** Fidium installs and maintains (in Fidium space) CLEC-provided splitter(s) in a Fidium provided bay.

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

V. DC POWER

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, also include Feed Designation information and Bay Designation.

The CLEC is responsible to engineer the power consumption required at the collocation arrangement and is also responsible to take into consideration any special circumstances in determining the drain/load and fuse size of the feed.

Fused capacity shall not exceed 2.5 times the CLEC-specified drain/load per feed. Drain/load per feed must be expressed in whole numbers and not fractions. Additionally, fuses must be ordered in industry-standard sizes (as referenced in the Application Instructions). Fusing at 2.5 times drain/load may not be possible in all cases based on CLEC-specified drain/load. In those instances, the CLEC must either choose a fuse size that is less than 2.5 times drain/load or increase the drain/load in order to conform to the industry-standard fuse sizes.

Note: Requests to decrease drain/load requirements or remove an existing feed must be submitted via a Notice of Termination/Reduction Application.

1. Augment of Existing DC Power

Please indicate the type of augment (feed) request. Check all applicable items:

☐ **New** feed (Action Code: **N**)

☐ **Change** an existing feed to a larger capacity fuse size (Action Code: **C**)

☐ **Increase** drain/load on an existing feed (Action Code: **I**)

☐ **No Change** (remove/replace) an existing feed (Action Code:**NC**)

Note: All existing feeds are required to be listed on the application. Action Code NC (No Change) is to be used in the table below to identify any feeds where requirements are not changing.

Joint coordination may be required to identify applicable power feeds. Fidium must approve 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 fuse or drain size that requires new cabling.

2. Detailed Power Requirements

For new arrangements, complete Columns C, E and (if applicable) G. For augments, complete Columns A-G as warranted.

		A	B	C	D	E	F			G
Feed		*Action	Existing Drain/Load (Augments)	Requested Drain/Load	Existing Fuse Size (Augments)	Requested Fuse Size (amps)	Feed Designation			Bay No.
							BDFB/MPB/RR Designation	Panel Designation	Fuse Assignment	
1	A									
	B									
2	A									
	B									
3	A									
	B									
4	A									
	B									
5	A									
	B									
6	A									
	B									
7	A									
	B									
8	A									
	B									
9	A									
	B									
10	A									
	B									

* Action - please use codes in Section V.1.

VI. TECHNICAL EQUIPMENT SPECIFICATIONS

CLEC must provide a comprehensive list of all equipment, including bays, that is to be installed in the collocation arrangement. Bays are to be listed as separate pieces of equipment for each bay. For example, populate "1" under Bay No. and provide the information (i.e. Manufacturer, etc.) for he bay and then list all equipment being placed in that bay. Continue in the same format for all other bays.

If "plug-ins" are to be installed or provided as spares, Appendix A must be also be completed.

1. Equipment to be Installed

Bay No.	Qty	Manufacturer/ Model No.	Equipment Type	Dimensions H x W x D	Equip. Weight (fully loaded)	Equip. BTUs Ultimate Heat Release	Manufacturer Specified Drain (in AMPS) for –48 Volt DC	CLEI Code	Total Drain/ Load

Spacers Required: YES ☐ NO ☐

If Yes, provide the following information:

Number of Spacers: _____ Width of Spacers (inches): _____

Indicate the total drain/load in amps for the entire arrangement: _____Amps. (If this is an augment request, please include existing AND newly requested equipment in the amps calculation.)

2. NEBS Conformance

Please complete the following information relating to any previous submissions of NEBS conformance certifications/checklists and supporting data for the equipment (including framework) listed on this application.

Date Submitted to Fidium:_____(mm/dd/yy)

If this information was provided with a previous application in ME, NH or VT, please provide the following:

Date Submitted: _____ Application ID: _____ CLLI Code: [ ]

The applicant must execute the *"NEBS Compliance Certification"* set out below for all equipment (whether active or passive) to be installed in connection with the collocation arrangement covered by this application, except for equipment included in Fidium's published list of equipment that is eligible for use in Fidium central offices. Please contact the Collocation Service Manager for a copy of this list. Only equipment which is exactly as listed in Fidium's published list of equipment that is eligible for use in Fidium central offices is excluded from the certification requirement.

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

NEBS COMPLIANCE CERTIFICATION:

For each item of equipment that is listed in this Collocation Application (except for equipment included in Fidium's published list of equipment that is eligible for use in Fidium central offices), the applicant hereby certifies that the supplier of that equipment has provided the applicant a written attestation or warranty or other commercially acceptable written proof (e.g., a test report) that an approved independent testing laboratory has tested the equipment in accordance with the NEBS requirements listed in the Telecommunications Carrier Group NEBS Compliance Checklist and the applicable ANSI and Telcordia NEBS Generic Requirements, and that this equipment was shown by such testing to be compliant with the following sections of NEBS GR-63, Issue 2 and GR-1089, Issue 3.

GR-63, Issue 2:
Section 2.0, Spatial requirements
Section 4.1.4, Heat Release & Surface Temperature
Section 4.2.2, Self Extinguish/Fire Spread & Smoke Measurements
Section 4.2.3, Fire Resistance
Section 4.2.4, Smoke Corrosivity
Section 4.4.1, Earthquake
Section 4.4.2, Framework and Anchor Criteria
Section 4.6, Acoustic Noise

GR-1089, Issue 3:
Section 3.2, EMI Emission (10 KHz through 10 GHz; Open Doors)
Section 4.0, Lightning and AC Power Fault (2nd Level)
Section 7.0, Electrical Safety
Section 9.0, Bonding and Grounding

The applicant agrees to provide such attestation, warranty or proof to Fidium upon request by Fidium. The applicant agrees that if it at any time installs any other equipment in connection with the collocation arrangement covered by this application that is not included in Fidium's published list of equipment eligible for use in Fidium central offices, the foregoing certification shall apply to such equipment and the applicant hereby makes the foregoing certification for such equipment.

(Signature) (officer or comparable senior manager)

(Name-Printed)

(Title)

(Telephone Number)

(Date)

Date Submitted to Fidium Collocation Service Manager: _____(mm/dd/yy)

VII. ENTRANCE FACILITIES

1. Type of Connection

Indicate the transport option to be utilized to enter Fidium's central office:

☐ **Lease Facilities** from Fidium

☐ **Pull in Fiber** from Manhole "0". Complete Sections 2 – 4 below and Section VIII.

☐ **Lease Fiber** from a Competitive Access Transport Terminal (CATT) Provider. Complete Sections 3 and 4 below.

Provide the name of the CATT Provider OR the 11-character CLLI Code of the CATT arrangement and attach a Letter of Authorization (LOA) from the CATT Provider.

CATT Provider: _____

CLLI Code: _____

☐ **Microwave** – Contact the Collocation Service Manager

2. Cable Information

A. Provide detailed information on the desired Manhole "0" locations or direction from which the cable originates (if Licensing Agreement has not been finalized):

_____

_____

B. Has the Licensing Agreement or Right of Way been established (e.g., conduit)?

☐ **Yes** Contract Number: _____

Manhole "0" Number(s): _____

Manhole "0" License Application #: _____

Date Fiber to be placed at Manhole "0":_____mm/dd/yy

☐ **No**

Provide expected date agreement will be finalized:_____mm/dd/yy

C. Diverse Route entry requested (if available): YES ☐ NO ☐

3. Cable Requirements

	Feeder	Riser
A. Number of Cables:	_____	_____
B. Diameter of Cables:	_____	_____
C. Number of Fibers (i.e. 12, 24, etc.)	_____	_____

4. Cable Characteristics

A. Cable Designation and Count: _____

B. Manufacturer: _____

C. Type of Single Mode Fiber Used: _____

D. Loss Decibels per Kilometer: _____

VIII. CUSTOMER'S VENDOR SELECTION

ACTIVITY	NAME	ADDRESS	TELEPHONE NUMBER
Engineering Vendor			
Outside Plant Vendor (Cable Placement)			
Outside Plant Vendor (Cable Splicing)			
Equipment Installation Vendor			
Installation Vendor (Riser Cable)			
Cage Construction Vendor			

Note : All work that is performed in a Fidium Central Office must follow the standards outlined in the Fidium Installation Practices, as well as the standards referenced in applicable tariffs.

IX. ADDITIONAL COMMENTS/NOTES

This application and all supporting documentation must be forwarded electronically using the link below. The application fee shall be mailed to:

Fidium Communications Collocation Service Manager
600 Sable Oaks Dr, STE 200
South Portland, ME 04106-3292

E-Mail Address: Wholesalecollocation@fidium.com

Note: This Application and the Instructions may reference services, facilities, arrangements and the like that Fidium does not have an obligation to provide to a CLEC under Fidium's agreements with such CLEC (including Fidium's tariffs, interconnection agreement with the CLEC and commercial service agreements with the CLEC).
Notwithstanding any such references, nothing in this Application or the Instructions shall be deemed to require Fidium to provide to a CLEC a service, facility, arrangement or the like that Fidium does not have an obligation to provide under Fidium'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 Fidium's agreements with the CLEC.

APPENDIX A
List of Plug-In (Cards)

1. For all types of Collocation listed in Section III, provide the type of plug-in cards associated with each system. If additional entries are required, please copy this page and continue.
2. Please provide the following information for questions relating to this attachment:

   Contact Name: _____

   Telephone: _____ **FAX: (000) 000-0000 E-mail:** _____

Bay	Manufacturer	Model Name/Number	Part Number

List the plug-in cards associated with the Bay and Shelf/System provided above.

Model/Name	Part Number	SLOT

Remarks:

_____

_____

_____