Fidium Use Only
App ID #:

Collocation Remote Terminal Equipment Enclosure (CRTEE) Application

DATE SENT (mm/dd/yy)

DATE REC'D
(CCI use only)

REVISION # (Please see Section IID)

I. CUSTOMER INFORMATION

1. **Company**

   Street

   City State Zip

2. **Contact Name** (for questions related to this application)

   Telephone # Fax # E-mail Address

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

4. **Desired Service Date** (in accordance with tariffed intervals)

5. **ACNA** **AECN**

6. **Billing Information**

   Billing Manager Name

   Company Name

   Street Address

   City State Zip

II. REMOTE TERMINAL

1. **Location of remote terminal. Please identify street address, city, state, and municipality. (If the location cannot be identified by street name(s) please provide two other identifiers: i.e. pole numbers, manhole #, and/or landmarks).**

2. **Enter desired serving address:**

3. **Central Office and CLLI CODE (CORT)**

III. APPLICATION QUERIES

Check all that apply.

- ☐ **Remote Terminal Preliminary Engineering Record Review**
- ☐ **Remote Terminal Serving Addresses**
- ☐ **Remote Terminal Site Survey for Space**
- ☐ **Central Office Remote Terminal Inquiry**

IV. FEEDER DISTRIBUTION INTERFACE INTERCONNECTION

Has a Feeder Distribution Interface Interconnection (FDII) application been submitted prior to this application.

Yes ☐ **No** ☐ Please provide the FDII application #: _____

V. TYPE OF COLLOCATION REQUESTED

1. New Collocation Arrangement

Please indicate the type(s) of collocation you are applying for, the associated tariff code under which you are applying (see Appendix A), your order of preference, as well as your desired and minimally acceptable requirements for each option selected on the chart below. Fidium uses this information to best meet your immediate collocation requirements. Please use "1" indicating your first preference, "2" indicating second preference. (If no tariff is indicated, Fidium will assume you are applying under the applicable State tariff)

Type of Collocation Requested	Tariff Code	Order of Preference	Desired # of ¼ Relay Racks	Minimum # of ¼ Relay Racks
Physical				
Virtual				

2. Reason for Revision to previously submitted CRTEE Application.

_____

Original CRTEE Application #: _____

VI. TYPE AND NUMBER OF TERMINATIONS TO BE CABLED

Terminations to be cabled are those that will be run between the collocated equipment, a Feeder Service Cross Connect, and/or the associated Telecommunications Carrier outside Plant Cabinet (TOPIC) to access Fidium cable facilities. Please indicate the quantity of each type of termination for each type of collocation requested in Section V for all desired and minimum configurations. Certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly. Please refer to Appendix B.

Type of Collocation	DS3 To Feeder		DS1 To Feeder		VG 2W To TOPIC		VG 4W To TOPIC		Fibers	
	Desired	Min	Desired	Min	Desired	Min	Desired	Min	Desired	Min
Physical										
Virtual										

VII. DC POWER REQUIREMENTS

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 load per feed and the fuse size per feed. The CLEC is responsible for the engineered power consumption of the collocation arrangement and should consider any special circumstances in determining load and fuse size of each feed. Fused capacity may be as high as but shall not exceed 2.5 times the load per feed and must be ordered consistent with industry standard fuse sizing shown below – Load must be ordered in whole numbers. Fractions will not be accepted. (Fidium bills for DC power in accordance with the applicable tariff provision, See Appendix)

C. Please note that the FCC tariff currently bills based on fused capacity.)

Type of Collocation	Source	Qty of "A" Feeds	Load Per Feed	Fuse Per Feed	Qty of "B" Feeds	Load Per Feed	Fuse Per Feed
Traditional Physical	Feed Requirement 1						
	Feed Requirement 2						
	Feed Requirement 3						
Virtual	Feed Requirement 1						
	Feed Requirement 2						
	Feed Requirement 3						

When ordering multiple power feeds please indicate each requirement separately. Please provide a separate attachment when requesting four or more power feeds indicating each requirement separately.

VIII. TECHNICAL EQUIPMENT SPECIFICATIONS

1. List of equipment to be installed

Please specify the manufacturer and model number, DC power load in AMPS, heat dissipation, dimensions (size), quantity and CLEI (Bellcore Common Language Equipment Identifier) for each piece of equipment to be installed. Please complete Attachment A, List of Plug-Ins (Cards) and provide a copy of the product's technical description and a block diagram/schematic of the equipment layout. **This information is REQUIRED.**

	Manufacturer/Model #	Dimensions HXWXD	QTY	DC Power Load In AMPS	Heat Load In BTU's	CLEI
A						
B						
C						
D						

2. NEBS Conformance Requirements

All equipment and framework (relay racks) to be installed or placed in Fidium Controlled Environment Vaults, (CEVs) Huts, Remote Terminal Equipment Enclosures (RTEE) must be tested to, and are expected to meet the NEBS Level 3 requirements. ***A properly completed NEBSConformance Checklist and the supporting data for the Risk/Hazard Related elements for allequipment and framework*** (as identified in the NEBS Equipment Protection Cross-Reference Section of the Fidium CLEC Handbook) ***is required and must be submitted to Fidium's Technology & Engineering/Maintenance Engineering. Failure toprovide this information may delay processing of this application.***

Date Submitted to Technology and Engineering/Maintenance Engineering: _____

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 #: _____

Note: Fidium will be responsible to install all equipment for both physical and virtual CRTEE.

IX. ADDITIONAL REQUIREMENTS FOR COLLOCATION REMOTE TERMINAL EQUIPMENT ENCLOSURE

1. In addition to the information requested in Section VIII above, please provide the following:

A. Outline specification which includes a wiring diagram
B. A front equipment drawing showing where plug-ins are to be installed.
C. Type of training to be provided
D. Test Manuals for equipment.

2. Tools to be provided: Manufacturer: _____ Model # : _____

3. Test Equipment to be provided: Manufacturer: _____ Model # : _____

X. CABLE AND CONDUIT INFORMATION

Fidium will install and terminate the cable into and within the RTEE. Cable connecting the TC network and the RTEE will be interconnected at a mutually agreed upon point per a field meeting of the TC and Fidium. All metallic cabling from the RTEE will be protected with Overvoltage protectors.

1. Indicate origination and location of cable terminations. Be specific.

2. Fiber Cable Requirements:

A. Number of cables to be placed:
B. Size of Cables (diameter):
C. Number of Fibers per Cable:
D. Manufacturer:
E. Type of Single Mode Fiber Used:
F. Loss Decibels per Kilometer:

3. Copper Cable Requirements:

1. Number of cables to be placed:
2. Size of Cables (diameter):
3. Number of Pairs per Cable:
4. Manufacturer:
5. # of Protectors:
6. Protector type:
7. Protector Manufacturer:
8. Protector Housing:
9. Size of Protector Housing:

4. Conduit Requirements:

A. Has a Licensing Agreement for this location been established? Yes NO
B. If agreements have been established please provide the Contract Number.
C. Identify conduit ingress (e.g. Pole #, Manhole #)
D. Identify conduit egress (e.g. Pole #, Manhole #)

XI. 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: _____

XII. REMARKS:

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

Fidium Collocation Manager
600 Sable Oaks Dr, STE 200
South Portland, ME 04106-3292
E-mail Address: wholesalecollocation@fidium.com
Website: www.fidiumwholesale.com

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

APPENDIX A
Fidium Collocation Tariffs*

Federal Tariffs	Code	Products Offered
FCC 11 (ME, NH & VT)	FCC11	Traditional Physical, Virtual, SCOPE and CATT, USLA
State Tariffs		
Maine PUC 20	ME20	Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE
New Hampshire PUC 84	NH84	Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE
Vermont PSB 22	VT22	Traditional Physical, Virtual, SCOPE & CCOE, CRTEE, USLA Traditional Physical, Virtual, SCOPE & CCOE

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

APPENDIX B
Ordering Increments for Cable Terminations

PRODUCT	TYPE	FCC 11	ME PUC 20	NH PU 84	VT PSB 22
Traditional Physical	DS3	1	1	1	1
	DS1	1	1	1	1
	2W VG/LS	#	1	1	1
	4W VG	#	1	1	1
	FIBER*	2	2	2	2
Virtual	DS3	1	1	1	1
	DS1	28	28	28	28
	2W VG/LS	#	100	100	100
	4W VG	#	50	50	50
	FIBER*	2	2	2	2

* 2 fibers = 1 transmit and 1 receive

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

Note: When completing Section III – TYPE AND NUMBER OF TERMINATIONS TO BE CABLED – 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 III. If you input 40, Fidium will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.

Attachment A

List of Plug-Ins (Cards)

List all types of cards that will be used for each system. Use a separate sheet for each different system/shelf

1. **CLEC Name** _____
2. **Contact Name** (for questions related to this attachment) _____

   Telephone # _____ Fax# _____ Email Address _____

Shelf/System

Manufacturer:	Model Name/Number:	Part Number:

Plug-Ins (Cards) to be Installed in Above Listed Shelf

List only one of each type

Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number
Model/Name	Part Number

Remarks