



Feeder Distribution Interface Interconnection Application - Instructions

Please fill in all information as instructed below:

Failure to provide all requested information could result in delays in the processing of this application.

CUSTOMER INFORMATION

1. **Company:** *Name of Company applying for Collocation*
Street: *Address of Company include City, State, and ZIP*

2. **Contact Name:** *Name of person to whom all information should be conveyed or questions addressed.*
Telephone #: *Telephone # of Company contact*
Fax #: *Fax # of Company contact*
E-Mail Address: *E-Mail address of Company contact*

3. **24-Hour Emergency Contact Telephone #:** *Enter Telephone of the 24-hour emergency contact.*

4. **Desired Service Date:** *Enter the date service is desired (in accordance with tariffed intervals).*

5. **ACNA:** *Enter the Access Carrier Name Abbreviation (ACNA) This is a three to four character code used to identify a telecommunication company.*

6. **Billing Information:**
Billing Manager Name: *Enter the name of the person to whom all billing information should be conveyed.*
Company Name: *Name of Company to which all billing information is to be provided*
Street Address: *Company address include City, State, and ZIP.*

II. FEEDER DISTRIBUTION INTERFACE INTERCONNECTION

Please identify the location where the TOPIC (Telecommunications Outside Plant Cabinet) is to be placed. Be specific. The TOPIC must be installed within 100 feet of the FDI.

III. COLLOCATION REMOTE TERMINAL EQUIPMENT ENCLOSURE

Please indicate whether or not a Collocation Remote Terminal Equipment Enclosure (CRTEE) application has been submitted. Provide the CRTEE application # if available.

IV. APPLICATION QUERIES:

Check all that apply.

Feeder Distribution Interconnect Preliminary Engineering Record Review: Upon request, FairPoint will provide a preliminary Engineering Records Review for a FDII identified to FairPoint by the CLEC. FairPoint will conduct a search of its records and identify for the CLEC the type of FDII enclosure and the number of F2 loops terminated at the enclosure.

Feeder Distribution Interconnect Serving Addresses: Upon request, FRP will provide a range of addresses served by an FDII location.

V. TYPE OF INTERCONNECTION REQUESTED

1. **New Arrangement** – Please indicate the associated tariff code under which you are applying (See Appendix A), as well as your desired and minimally acceptable requirements for the option selected. FairPoint uses this information to best meet your immediate requirements.
2. Please provide a reason for the revision to a previously submitted FDII application and the application number.

VI. TECHNICAL EQUIPMENT SPECIFICATIONS

1. Please provide the following information for the TOPIC you will be installing; Manufacturer/Model #, Dimensions (HxWxD), Quantity and type of modulator connector (710, or 3M).

Note: FairPoint is responsible for all splicing of the interconnection cable to the termination block within the TOPIC. If the TOPIC is not equipped with connectors please contact your local FairPoint Outside Plant Engineer during this process.

Note: National Electric Code and National Electric and Safety Code Conformance Requirements: FairPoint requires that the TOPIC will be grounded by the Telecommunication Carrier installing the facility. FairPoint requires that a common ground location be made available to FairPoint at the date of the installation of the Interconnect Cable.

**VII. INTERCONNECT CABLE INFORMATION (TOPIC to FDI)
FairPoint will place and splice the interconnection cable.**

1. Identify the TOPIC location with relation to the FDI. Be Specific.
2. Enter the size of the interconnection cable requested. (*Please note there is a minimum ordering requirement of 100 pairs. Please order in 100 pair increments.*)

VIII. 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 provide its expiration date. If the Certificate is not being provided with this application please provide the date on which it will be submitted.

IX. Remarks

This field is to be populated with additional information that your Company would like to convey to FairPoint.

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

**Fairpoint Communications
Collocation Service Manager
5 Davis Farm Rd
Portland, ME 04103
E-mail Address: WholesaleCollocation@Fairpoint.com**

Website: <http://www.fairpoint.com/wholesale/>