



CATT 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

I. Customer Information

1. **Company:** Name of the Company applying for CATT
Street Address of Company applying for CATT include City, State, and Zip
2. **Contact Name:** Name of the person to whom all information should be conveyed/questions addressed.
Telephone #: Telephone # of Company contact
Fax #: Fax # of Company contact
E-Mail: E-Mail address of Company contact
3. **24-Hour Emergency Contact Telephone #:** Enter Telephone Number of the 24-hour emergency Contact.
4. **Desired Service Date:** Enter the date service is desired (in accordance with tariffed intervals)
5. **Central Office CLLI Code:** Enter the 8-character code that identifies the wire center.
Street address: Street address of the wire center include City and State
6. **ACNA:** Enter the Access Carrier Name Abbreviation (ACNA) if applicable. This is a three to four-character code that identifies your company.
7. **Billing Information**
Billing Manager Name: Enter the name of the person to whom all billing information should be conveyed
Company Name: Name of Company that all billing information is to be provided
Street Address: Company address include City, State, and Zip
8. **Tariff:** Enter the Tariff under which you have applied: FCC 1 or FCC 11
9. **For revisions to an existing CATT application, provide the reason for the revision and the Control Number of the original application (as provided by Frontier)**

II. Technical Equipment Specifications

1. Please provide the manufacturer/model #, dimensions, quantity, maximum fibers for the equipment to be installed in both a vault and Alternate Splice Area (ASA). An ASA is a relay that is placed outside the vault. Frontier provides the relay rack.



III. Outside Plant Field Survey

1. Cable Information

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

If YES enter Contract ID Number, Manhole "0" License Application #, Manhole "0" Numbers designated on License and date fiber in Manhole "0".

If NO indicate the desired direction from which cables will

originate. B. Will Dual Building Entrance be required?

Answer YES or NO

2. Cable Requirements

- A. Enter the Number of Cables to be placed.
- B. Enter Size of Cables (Diameter)
- C. Enter Number of Fibers per Cable

IV. Customer's Vendor Selection

- 1. Enter the Company Name, Address, and Telephone Number of your Engineering Vendor
- 2. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor (for cable placement)
- 3. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor (for cable splicing)
- 4. Enter the Company Name, Address, and Telephone Number of the vendor that will install your equipment.

V. Certificate of Insurance

Indicate whether or not a Certificate of Insurance is being provided? If YES, provide the certificates expiration date.

If NO date certificate will be provided.

VI. Remarks

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



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**

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