Special Access
Establish OC3 (OCN) Point to Point Concatenated
REQTYP S, ACT N

VFO Product SA-2 Point

Revised: 10/27/2017

Valid ICSC Codes Include: Connecticut: SN01

001-Access Service Request (ASR)
Administrative Section

Field	Description	Example
CCNA	Customer Carrier Name Abbreviation	ABC
PON	Purchase Order Number	PONA1234Z
		Note: This Field is Controlled by Customer
VER	Version Identification	01
		Note: This Field is Controlled by Customer
ICSC	Interexchange Customer Service Center	SN01
D/TSENT	Date and Time Sent	system populated
DDD	Desired Due Date	12312014
REQTYP	Requisition Type and Status	SD
ACT	Activity	N
QSA	Quantity Service Address Location Information	01
RTR	Response Type Requested	F, N, or S
EXP	Expedite	optional - customer provided if request less than standard Interval
PIU	Percentage of Interstate Usage	000 or 100
CKR	Customer Circuit Reference	L13/OC12/A-CLLI/Z-CLLI
QTY	Quantity	01
		Customer controlled
BAN	Billing Account Number	E, N or Valid CABS BAN
SPEC	Service and Product Enhancement Code	CANCATN
		Reference SPEC Codes at https://wholesale.frontier.com/-/media/WholesaleDocs/spec-code-job-aid.ashx
		Note: This Field is Controlled by Customer
FNI	Fiber Network Identification	Optional
		customer provided when applicable
ACTL	Access Customer Terminal Location	Required
		HRFRCT03WP6
		Customer Provided
REMARKS	Remarks	customer provided

Bill Information

Field	Description	Example
BILLNM	Billing Name	XYZ Corporation
ACNA	Access Customer Name Abbreviation	XXX
FUSF	Federal Universal Service Fee	E or N
		Note: Refer to the ASOG FUSF field Notes for Assessed or Exempted rules.
STREET (Bill)	Street Address (BILL)	125 E Main Street
FLOOR (Bill)	Floor (BILL)	1
ROOM (Bill)	Room (BILL)	141a
CITY (Bill)	City (BILL)	Any Town
STATE (Bill)	State/Province (BILL)	IN
ZIP CODE (Bill)	Zip Code (BILL)	99999
BILLCON	Billing Contact	Jane T Doe
VTA	Variable Term Agreement	Required – Provided by Customer Valid Entries: 12, 36, 60, 84
PNUM	Promotion Number	Optional Provided by Customer. Check with your Frontier Account Manager if you are unsure of your PNUM.
BILLNM	Billing Name	XYZ Corporation
ACNA	Access Customer Name Abbreviation	XXX

Contact Information

Field	Description	Example
INIT	Initiator	James Jones
TEL NO (INIT)	Telephone Number (Initiator)	800-888-1234
INIT EMAIL	Initiator Electronic Mail Address	INIT@yourcompany.com
DSGCON	Design/Engineering Contact	William Moore
DSG FAX NO	Design Facsimile Number	800-555-9999
DSG CON EMAIL	Design Electronic Mail Address	DSG@yourcompany.com
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
TEL NO (IMP CON)	Telephone Number (Implementation Contact)	585-777-7899
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
TEL NO (IMP CON)	Telephone Number (Implementation Contact)	585-777-7899
STATE (DSG CON)	State/Province (Design Contact)	IN
ZIP CODE (DSG CON)	Zip Code (Design Contact)	99999
IMPCON	Implementation Contact	Sue Johnson
MTCE	Maintenance Contact	customer provided
MTCE TELNO	Telephone Number (MTCE)	customer provided
D/TREC	Date and Time Received	system populated

005-Transport Request
Circuit Detail

Field	Description	Example
NC	Network Channel Code	OB-R Customer provided **Note:** Customer provided **Note:** Customers must refer to the NC/NCI/SECNCI for accurate combinations.
NCI	Network Channel Interface Code	02SOF.X See NC Note Above.
S25 (SECLOC)	Surcharge Status (SECLOC)	A
SECNCI	Secondary Network Channel Interface Code	02SOF.X See NC Note Above.
CFA	Connecting Facility Assignment	Customer provided when applicable and Circuit is riding a higher facility **Note:** This Field is Controlled by Customer
MUXLOC	Multiplexing Location	system populated when applicable
SECLOC	Secondary Location	'E' if Terminating at an End User location 'C' followed by valid CLLI if terminating at a Frontier Central Office **Note:** This Field is Controlled by Customer. If using C+CLLI do not include SALI Form
SCCEA	Secondary Cross Connect Equipment Assignment	customer provided when applicable

015-Service Address Location Information (SALI)
Address Detail Section

Field	Description	Example
EUNAME	End User Name	UPS Store
SAPR	Address Number Prefix	W
SANO	Address Number	450
SASF	Address Number Suffix	1/2
SASD	Street Directional Prefix	SW
SASN	Street Name	O N E C I T Y C E N T E R
CITY	City	BEACON FALLS
SATH	Street Type	RD
SASS	Street Directional Suffix	NW
ZIP CODE	Zip Code	15839
LD1	Location Designator #1	FL
LV1	Location Value #1	12
LCON	Local Contact	John Smith
ACTEL	Access Telephone Number	585-235-9888
AACTEL	Alternate Access Telephone Number	800-867-5309
ALCON	Alternate Local Contact	Sally Smith
ALCON TEL	Alternate Local Contact Telephone Number	585-455-8395
ACC	Access Information	Check next door for key
WKTEL	Working Telephone Number	585-345-9033

Change Log:

Date	Revision
8-18-2015	Added VFO Product Name
10-27-2017	Updated embedded links to secured URLS

DISCLAIMER: THIS DOCUMENTATION IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT OBLIGATE FRONTIER TO PROVIDE SERVICES IN THE MANNER DESCRIBED IN THIS DOCUMENT. FRONTIER RESERVES THE RIGHT AS ITS SOLE OPTION TO MODIFY OR REVISE THE INFORMATION IN THIS DOCUMENT AT ANY TIME WITHOUT PRIOR NOTICE. IN NO EVENT SHALL FRONTIER OR ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS, REPRESENTATIVES OR SUPPLIERS BE LIABLE UNDER CONTRACT, WARRANTY, TORT (INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF FRONTIER), OR ANY OTHER LEGAL THEORY, FOR ANY DAMAGES ARISING FROM OR RELATING TO THIS DOCUMENT OR ITS CONTENTS, EVEN IF ADVISED OF THE POSSIBLITY OF SUCH DAMAGES.