

# COLLOCATION APPLICATION and CO-PROVIDER (CLEC) INFORMATION FORM



**DOES NOT DENY A REQUESTED SERVICE FIELD(S)** - depending on the fields input, an indicator may appear for all required fields only. Highlight however, e.g. checking the augment field will not bypass the Power Requirements field, although the augment request may encompass equipment power usage. Go forward to review/complete all applicable fields for input

## I. GENERAL ORDERING INFORMATION

### A. CO-PROVIDER IDENTIFICATION

1. Co-Provider Name	<input type="text"/>	
2. Co-Provider ACNA Code	<input type="text"/>	
3. Co-Provider Contacts	<b>Emergency Contact (24 x 7 SPOC Basis)</b>	<b>Co-Provider Project Manager</b>
a. Name	<input type="text"/>	<input type="text"/>
b. Address	<input type="text"/>	<input type="text"/>
1). Street	<input type="text"/>	<input type="text"/>
2). City	<input type="text"/>	<input type="text"/>
3). State/Zip Code	<input type="text"/>	<input type="text"/>
c. Toll Free Title No	<input type="text"/>	<input type="text"/>
d. Facsimile Number	<input type="text"/>	<input type="text"/>
e. Title	<input type="text"/>	<input type="text"/>
f. e-mail address	<input type="text"/>	<input type="text"/>
4. Billing Information	<b>Recurring Billing</b>	<b>Non-Recurring (if different than Recurring)</b>
a. Billing Name	<input type="text"/>	<input type="text"/>
b. Billing Name ACNA	<input type="text"/>	
c. Address	<input type="text"/>	<input type="text"/>
1). Street	<input type="text"/>	<input type="text"/>
2). City	<input type="text"/>	<input type="text"/>
3). State/Zip Code	<input type="text"/>	<input type="text"/>
d. Toll Free Title No	<input type="text"/>	<input type="text"/>
e. Facsimile Number	<input type="text"/>	<input type="text"/>
f. Title	<input type="text"/>	<input type="text"/>
g. e-mail address	<input type="text"/>	<input type="text"/>

B. DATE APPLICATION SENT TO U S WEST

C. CUSTOMER INTERCONNECTION CONTRACT NUMBER

D. TARIFF/CONTRACT ORDERING INFORMATION (Check the one applicable to this order)

<input type="checkbox"/>	Interstate Tariff
<input type="checkbox"/>	State Tariff
<input checked="" type="checkbox"/>	Interconnection Contract
<input type="checkbox"/>	Parallel Process

E. APPROVED INTERCONNECTION BUILD INTERVAL (check one applicable to this order- refer to your Interconnection Agreement for the interval associated with the type of collocation being ordered)

<input checked="" type="checkbox"/>	90 Days
<input type="checkbox"/>	45 Days

F. U S WEST ACCOUNT TEAM REPRESENTATIVE

1. Name	<input type="text"/>
2. Telephone Number	<input type="text"/>
3. e-mail address	<input type="text"/>

**G. TYPE OF ORDER (Check One)**

- Initial Presence
- Augment (after 50% down payment sent to U.S. WEST) - Service Order created order
- Change (prior to 50% down payment sent to U.S. WEST) - Service Order created order
- Cancellation or pending (to virtual to Cageless Conversion)
- Decommission

- \* An augment or change request submitted to USW during the feasibility, quote, or construct phases of the collocation job may impact the Ready for Service (RFS) date.
- 2. A Change Order submission will require a revised quote from U.S. WEST. An Augment Order may require a QPPI if contractually applicable. Please complete all applicable pages of this application when requesting an augment or change.
- 3. An augment is requested and performed on a completed collocation site or a collocation site request that has been accepted by the Co-Provider and for which 50% down payment has been received.
- 4. An augment or change to a collocation site can be a minor or major addition or reduction of the quantity of elements which are part of a collocation site.
- 5. A change order is any change requested on an active (accepted) collocation order prior to receipt of the bulk down payment. When a change order is accepted, the order clock re-starts.

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**H. CENTRAL OFFICE LOCATION**

Bellevue Glancort
1020 102nd Ave.
Bellevue
WA
BLVWAGL050

Central Office Name  
 Street Address  
 City  
 State  
 11 Character CLEC Common Language Location Identifier (CLLI) (if existing)  
 If Augment/Change/Decommission, original Job ID (BAN #) from APOI

**I. EXISTING COLLOCATION TYPE (Check as Applicable)**

- Virtual
- Caged Physical
- Cageless Contiguous Physical
- Cageless Non-Contiguous Physical
- iCDF Collocation
- Shared Space Caged Physical
- Adjacent Space

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**J. REQUESTED COLLOCATION TYPE (initial presence, additional presence, or conversion in an office)**

To limit delays in the application process, the Co-Provider can choose an alternative form of collocation. If an alternate choice is made, USW requires the application to reflect all information pertinent to both choices.

	1st Choice (check one)	2nd Choice (check one-optional)
Virtual	<input type="checkbox"/>	<input type="checkbox"/>
Caged Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cageless Contiguous Physical	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cageless Non-Contiguous Physical	<input type="checkbox"/>	<input type="checkbox"/>
iCDF Collocation	<input type="checkbox"/>	<input type="checkbox"/>
Shared Space Caged Physical	<input type="checkbox"/>	<input type="checkbox"/>
Adjacent Space	<input type="checkbox"/>	<input type="checkbox"/>
Virtual to Cageless Conversion	<input type="checkbox"/>	<input type="checkbox"/>

Note: adding an additional presence in an office (e.g. adding a cageless line-up in an office where a Co-Provider already has a caged presence), will generate the creation of a second 11 character Co-Provider CLLI, additional APOI, etc.

**K. SECURITY ACCESS REQUIREMENTS**

- Number of Personnel Requiring Access to Central Office:
- Note: The Co-Provider must submit a Request for Facility Access Card form to the State Inter-Connection Manager (ICM).

**L. CANCELLATION REQUEST INFORMATION (complete if requesting a cancellation of a pending order)**

1 Reason for Cancellation

2 Requested Cancellation Date

3 Job ID (BAN #) of job to be cancelled

**M. CO-PROVIDER NOTES**

**II. COLLOCATION PRODUCTS REQUESTED**

**A. PRODUCTS/SERVICES REQUESTED (Check One or More)**

<input checked="" type="checkbox"/>	Unbundled Network Elements (UNE's)
<input type="checkbox"/>	Finished Services
<input type="checkbox"/>	ICDF Collocation
<input type="checkbox"/>	Express Fiber
<input type="checkbox"/>	Copper Entrance Facilities
<input type="checkbox"/>	CLEC to CLEC (within the same Central Office)
<input type="checkbox"/>	Common Area Splitter Collocation
<input type="checkbox"/>	Administrative Line (Copper DMARC)
<input type="checkbox"/>	Virtual to Cageless Conversion
<input type="checkbox"/>	Microwave Entrance Facilities
<input type="checkbox"/>	Complete Decommission
<input type="checkbox"/>	Partial Decommission
<input type="checkbox"/>	Direct Connection
<input type="checkbox"/>	Other (please describe service requested in Section IV. I., and fill in all appropriate fields in this application)

**B. TECHNICAL EQUIPMENT SPECIFICATIONS**

Complete the following listing of interconnection equipment to be placed in the physical arrangement. Specify equipment type, size, and quantity to be installed to ensure adequate power and environmental safeguards are provided. Also attach a floor plan documenting space layout or footprint. Requests must meet NEBS 3 standards.

1. Enter heat load (in Watts) per square foot (not to exceed 35 Watts per square foot)

2. Equipment Specifications (enter values)

Equipment Description	Physical Dimensions	Quantity
Nortel Access Node/UE 9000	H: 8" D: 12" W: 26"	2
Nortel Access Node/UE 9000 Expansion	H: 8" D: 12" W: 26"	1
Nortel Miscellaneous Bay	H: 8" D: 12" W: 26"	3

3. Caged Physical Collocation Requirement  
Enter number of square feet requested (requests exceeding 400 square feet are handled on a Individual Case Basis (ICB))

Desired  Minimum

4. Cageless Collocation Requirements

a. Number of Bays (fill in)

Desired  Minimum

b. Bay Footprint dimensions (input dimensions, indicate feet/inches)

Width  Depth

Width  Depth

c. If Bay Spacers are to be used input their dimensions in inches.

d. Note: Standard bays are 26" wide and 12 or 15" deep. Dimensions exceeding this standard, e.g. placement of 2.5" spacers, incur added planning and spacing costs that can effect the time intervals.

e. Note: The standard working height of bays is 7 feet; however, the build-out height of bays can exceed the working height, e.g. 8' or 11' 6", depending on an individual office's environment. Specific bay height information to be used in a given job will be provided as part of the feasibility read-out to the Co-Provider.

5. Shared Space Caged Physical Collocation Requirements

a. Originating Co-Provider Information (fill in all)

1). Name

2). 11 Character CII Code

c. Note: Secondary Co-Providers are required to have a Letter of Authorization (LOA) on record.

6. Virtual Collocation Requirements

a. Please select the equipment to be provided by the Co-Provider (check all applicable)

- Equipment Rack only
- Equipment Rack pre-provisioned (equipment and cards) and delivered to the Central Office
- Equipment only
- Cabling and Connectors

b. Note: A drawing(s) must accompany this application showing:

- 1). Front equipment diagram showing frame and shelf detail.
- 2). Wiring diagram.
- 3). Diagram of equipment showing input and output for all virtual transport equipment, e.g. optical input, electrical output, etc.

7. CLEC to ICDF Cabling (Physical Collocation)

a. Does the Co-Provider want USW to provide the equipment cables to the ICDF? (check if yes)  Yes

b. Note: CLEC-provided cables must be sent to the USW Warehouse.

c. Note: Installation of non-standard cable may be associated with higher costs and longer installation intervals.

d. Note: Non-standard, e.g. shielded 25 pair DS0, cable must be provided by the Co-Provider and addressed on an ICB.

C. CO-PROVIDER NOTES

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III. COLLOCATION PRODUCT SPECIFICATIONS

A. CIRCUIT DETAIL (input quantities desired)

		UNE's	Common Area Splitter Collocation	Finished Services	Copper DMARC (Administrative)	CLEC to CLEC	ICDF Collocation	Direct Connection	(future use)	(future use)	(future use)	Total Circuits	Minimum Increments
1. Existing Circuit Counts (enter quantity(s))	POTS												1
	POTS												100
	DS0												100
	DS1												28
	DS3												1
	Fiber												12
2. New/Additional Circuit Counts Requested (enter quantity(s))	POTS												1
	POTS												100
	DS0	3900										3900	100
	DS1	56										56	28
	DS3	4										4	1
	Fiber												12

B. SYNCHRONIZATION REQUIREMENTS

1. Does the Co-Provider require U S WEST to provide synchronization (check if yes)?
2. If the response to B.1. above is yes please indicate the type of signal requested (check one)

- T1 (DS1) Capacity (TOTA)
- Composite Clock (TOCA)

3. If the response to B.1. above is yes please fill in the number of leads required, e. g. 1 or 2.

**C. POWER REQUIREMENTS**

**1. DC Power Requirements**

**a. General Information**

- 1) Virtual Collocation power leads will be provided as part of the equipment shelf or bay. No more than 40 amps of power will be provided in each relay rack.
- 2) Caged/Cageless Collocation: -48V DC Battery and Battery Return are provided. Power feed supply is defined as a primary power cable or group of cables designated as "A", and another redundant power cable or group of cables designated as "B" and the associated power cable returns. 1 Feed = A & B (4 wires).
- 3) U S WEST will fuse at an appropriate level above the requested amount. Breaker/fuse size to be determined solely by U S WEST.

**b. Power Request**

- 1). Does the Co-Provider require new or a change in existing DC Power leads (check if yes)?
- 2). If yes checked above, fill in the number of amps/feeds requested

Amps Required per Feeder	Amperage (write in value)		Number of Requested Feeds		
	Existing (if appl)	New/Additional	Existing (if appl)	New/Additional	Total Required
20 amps				2	2
30 amps				3	3
40 amps					
>40 amps (write in value)					

- 3). If leads of 41 amps or more was entered above, please provide the following information.
- | Forecasted Heat Dissipation (enters values in Watts) | Initial | 3 Months | 6 Months | 1 Year | Ultimate |
|--|---------|----------|----------|--------|----------|
|  | 3500    | 3500     | 3500     | 3500   | 3500     |

**2. AC Power Requirements**

- a. General Information: U S WEST provides a 120v AC circuit with 3 convenience outlets, per local building code, with Non-Essential power (Non-Essential Power is not backed up by the Engine-Alternator, Essential is). Additional charges will apply for these additional feeds, and will be based on full-time use.

b. Note: Standard design parameters call for the placement of a shared AC outlet at every third bay in a U S WEST line-up, including those containing Co-Provider bays and equipment.

- c. Does the Co-Provider require additional AC Power leads (check if yes)?

d. If yes checked above, fill in the following

- 1). Voltage Phase (check one)
  - Single Phase
  - Three Phase
- 2). Ampere size (enter quantity)
- 3). Quantity of AC outlets

**D. GROUNDING REQUIREMENTS**

A separate grounding bar will be placed in any collocation site that is physically separated from USW line-ups. Sites placed in USW line-ups will be grounded to the line-up stringer, in the same manner as other USW frames in that line-up.

- Does the CLEC equipment use frame return (power circuit completed by using the relay rack iron work)?  No

Note: This is not the preferred method and is prohibited for Virtual Collocation. Most equipment should be powered with paired battery and return leads; however, if the customer uses frame return, U S WEST needs to know in order to properly size the grounding cables.

**E. ENTRANCE FACILITIES**

**1. Entrance Facility Type Requested (check one)**

- Fiber (ordering increment: 12 fibers)
- Leased Private Line (check service type)
  - DS1
  - DS3
  - Fiber
- Copper Entrance Facility (considered a BFR and handled accordingly).
- Microwave
- Unbundled Network Elements
- Other (reviewed on a case-by-case basis, considered a BFR and handled accordingly).

2. Additional Informational Requirements

a. Entrance Fiber Configuration

1). Note: U S West requires the CLEC's entrance fiber be spliced at a designated Point of Interface (POI) to USW.

2). Fiber Entrance Type (check one if applicable)

Co-Provider will provide fiber entrance to POI (Standard Fiber Cable Entrance Configuration)

Co-Provider requests that fiber entrance be Express in collocation site

Utilize existing fiber entrance (indicate cable name/count, e.g. LG11, 1-12@ENT 1)

Entrance 1

Entrance 2

3). Is Diverse Dual Entrance Requested (if yes also provide info in the Cable Requirement section)

a). If Diverse Dual Entrance is not available does the Co-Provider require the number of fibers spliced into the available entrance be doubled (check if yes)?

b). Note: Diverse building entrances are available where USW currently has dual entrances and where spare ducts are available to accommodate the request.

c). Note: All entrance fibers identified will be spliced by U S WEST.

4). Fiber Connector Type at Co-Provider Site (e.g. FC-PC, ST, D4, etc.)

b. Standard Fiber Cable Entrance Configuration Information

1). Number of Fibers to be spliced per entrance onto U S WEST

ENT 1

ENT 2

Shared Facilities at POI(s) (increments of 12)

2). Co-Provider Fiber Counts and Type at POI(s)

ENT 1

ENT 2

a). Number of fiber cables placed

b). Number of fibers in each cable

c). Diameter of cables (enter dimension in inches)

3). General Information

a). Cable manufacturer

b). Type of fiber (enter SOCC Code)

4). Loss of Decibels per Kilometer (enter quantity)

F. DECOMMISSIONING DETAILS

1. Type of Decommission (from Section 1)

Complete

Partial

2. Type of Existing Collocation Configuration to be Decommissioned (check all applicable).

Virtual

Caged Physical

Cageless Contiguous Physical

Cageless Non-Contiguous Physical

ICDF Collocation

CLEC to CLEC

Shared Space Caged Physical

Adjacent Space

3. If Virtual Collocation is checked above, does the CLEC require an inspection of the Equipment? (check if yes)

4. Critical Dates (enter month/day/year)

Date all Customer Services will be removed from Co-Provider Equipment

Anticipated date of equipment decommissioning.

Date power feeds to be disconnected.

5. Decommissioning Information:

a. Equipment Location (Virtual and Cageless Physical Collocation only):

Manufacturer/Model Number
<input type="text"/>
<input type="text"/>
<input type="text"/>

Dimensions
<input type="text"/>
<input type="text"/>
<input type="text"/>

Quantity
<input type="text"/>
<input type="text"/>
<input type="text"/>

Location (bay/panel numbers, if assigned)
<input type="text"/>
<input type="text"/>
<input type="text"/>

b. Grounding:

1). Does any of the equipment being removed use a frame return? (check if yes)

2). If all the equipment (including frame) is being removed, can all of the grounding be removed? (check if yes)

c. Space:

1). Type of space to be decommissioned

- Caged Area
- Cageless Continuous Line-Up
- Cageless Non-Contiguous Line-Up
- Virtual Space

2). Space to be decommissioned

a). Caged Area (enter Square Feet)

Current	Decommission	Remaining
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: if a portion of the caged area is to remain, attach a detailed drawing of the current and requested floor space (foot print).

b). Cageless Line-Up

- i). Current
- ii). Decommission
- iii). Remaining

Floor Number(s)	Relay Rack Number(s)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

c). Virtual Space

- i). Current
- ii). Decommission
- iii). Remaining

Floor Number(s)	Relay Rack Number(s)	Panel Number(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3). CLEC Site DMARC

- a). Does the decommissioned equipment include a CLEC Site DMARC(s)? (check if yes)
- b). Will the DMARC(s) have to be moved (partial decommissioning)? (check if yes)
- c). If yes, what is the new location(s) of the DMARC(s)?

Service Level	Floor Number(s)	Relay Rack Number(s)	Panel Number(s)
DS1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DS3	<input type="text"/>	<input type="text"/>	<input type="text"/>

d. Power

- 1). Will there be any remaining power requirements (partial decommissioning)? (check if yes)
- 2). If yes checked above, please fill in the remaining power requirements.

Amps Required per Feeder	Amperage (write in value)		Number of Requested Feeds		
	Existing (if appl)	Decommission Amperage	Existing	Decom	Total Remaining
20 amps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 amps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
40 amps	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
>40 amps (write in value)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

e. Circuit Detail

If partial decommissioning is requested, please provide the following circuit/cable detail:

	DS0	DS1	DS3	Fiber
1). Current detail				
i). Cable Name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii). Cable Range	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2). Remaining detail				
i). Cable Name(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii). Cable Range	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Disclaimer

USW is not liable for equipment removed from service. Furthermore, unless other arrangements are made, equipment left in the collection site will become the property of USW. The CLEC will then be charged for the disposal of this equipment if it remains in the USW facility for more than 12 business days after notification of work completion for decommissioning. In addition, USW is not responsible for packaging of the customer's equipment. Within 7 business days a customer representative must meet with the SICM at the central office to oversee customer acceptance and packaging of the decommissioned equipment.

7. Personnel List

List all Access Cards and Employee Cards to be returned to U S West after the completion of the decommissioning and those requiring access after decommissioning (partial physical decommissioning).

a. Return List

Name	Address	Sec Sec No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Remaining List

Name	Address	Sec Sec No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

G. CO-PROVIDER NOTES





**B. COMMON AREA SPLITTER COLLOCATION**

1. Desired Location of Splitter(s) (check first/second choice)
- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | 1st Choice               | 2nd Choice               |
| a. CLEC/DLEC Site (rack/frame mounted)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Central Office Bay (rack mounted)    | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Central Office Frame (frame mounted) | <input type="checkbox"/> | <input type="checkbox"/> |

2. Splitter Choice(s)
- a. Will the Co-Provider order and deliver the Splitter(s), as well as the associated cabling for installation by U S WEST?  
 Yes (DLEC Site splitter installation by U S WEST restricted to virtual collocation)
- b. Does the Co-Provider want U S WEST to order the Splitter on the Co-Provider's behalf?  
 Yes (DLEC Site splitter installation by U S WEST restricted to virtual collocation)
- c. Splitter detail and quantities requested (fill in one or more)

	Manufacturer		Model #	Quantity	Frame	Splitter Type	Reck
1st Choice							
2nd Choice							

**3. Cable Information**

a. Note: The following matrix shows the required cable runs from the ICDF to the DLEC Site by splitter type

	Data	Voice & Data
1). CLEC/DLEC Site Splitter	x	x
2). Central Office Bay Mounted Splitter	x	-
3). Central Office Frame Mounted Splitter	x	-

b. Use existing ICDF to DLEC/CLEC cable to the collocation site? (check if yes)

c. If using existing DLEC/CLEC cable, designate cable name(s) and pairs (from APOT form)

Cable Name  
 Cable Count  
 Cable Type (e.g. 24-NL)

d. Specify splitter circuit cadence, e.g. skip every 25th pair, skip the last 4 of every 100 count, etc.

e. Do you require additional capacity between your collocation site and ICDF? (check if yes)

f. If additional capacity is required please fill in the following

- 1).  Cable size (standard is 100 pair, non-shielded, see note below if non-standard is required).
- 2).  Number of pairs required
- 3).  Cable type (e.g. 24-NL)
- 4).  Special Cable Requirements

g. Will the Co-Provider order and deliver the associated splitter cabling for installation by U S WEST?

Yes (DLEC Site splitter cable installation by U S WEST).

h. Note: U S West will procure and/or install standard DS0 cable (e.g. 100 pair, non-shielded), special requests require the Co-Provider to place their request through the ICB (Individual Case Basis), see above.

**C. CLEC to CLEC**

1. Existing Co-Provider 11 Character CLLI Codes

- a. Originating CLEC Site
- b. Terminating CLEC Site

2. LOA (Letter of Authorization): Copies of the Originating and Terminating CLEC Site Letters of Authorization must accompany this application.

3. Does the Co-Provider want U S WEST to provide standard cable? (check if yes)

4. If Yes checked above, please provide the following cable specifications.

Service Level	Type (e.g. 24-NL)	Connector Type (if applicable)	Cable Size (e.g. 12 Fiber)	Min. Ordering Increments
DS0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100
DS1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28
DS3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1
Fiber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12

5. Does the Co-Provider request that U S WEST install the CLEC to CLEC cable(s)? (check if yes)

6. If one or both of the CLEC to CLEC sites is Virtual Collocation, is U S WEST to terminate all virtual cables (CLEC can terminate on the back plain with a required Letter of Authorization)? (check if yes)

7. Conditions

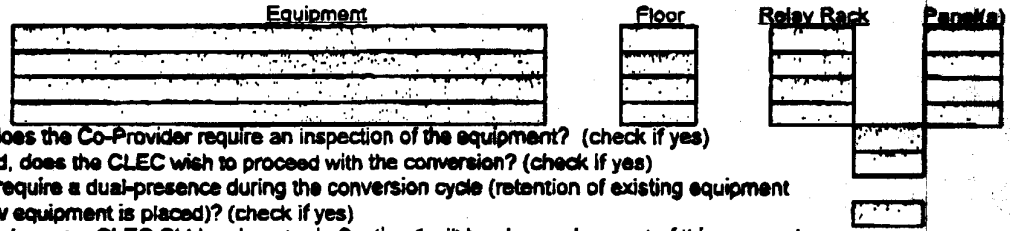
- a. U S WEST will design the all cable routes and place required cable racking.
- b. If routing through ICDF terminations are required, U S West will place and terminate all ICDF cables.
- c. If the CLEC is placing direct CLEC to CLEC (non ICDF terminating) cabling, USW approved installation must be used. In addition, all standard requirements applicable to the collocation site listed in the technical publications (e.g. building and electrical codes, etc.) must be followed.
- d. CLEC to CLEC collocation can only occur within the same Central Office (CO).
- e. CLEC to CLEC collocation can exist between different CLEC sites for the same CLEC within the same CO.

D. ICDF COLLOCATION

- 1. All ICDF panels, blocks, and network tie cables will be installed and maintained by U S WEST.
- 2. ICDF collocation must be ordered and APOT received prior to the issuance of service orders.
- 3. Restricted to offices where the CLEC does not have any other type of collocation presence.

E. VIRTUAL TO CAGELESS CONVERSION

1. Existing Virtual Collocation equipment location(s)



- 2. Prior to conversion, does the Co-Provider require an inspection of the equipment? (check if yes)
- 3. If equipment is moved, does the CLEC wish to proceed with the conversion? (check if yes)
- 4. Will the Co-Provider require a dual-presence during the conversion cycle (retention of existing equipment and service while new equipment is placed)? (check if yes)
- 5. Note: The current 11 character CLEC CLLI code enter in Section 1 will be changed as part of this conversion.

F. DIRECT CONNECTION (caged DMARC to COSMIC - switch data base)

Please describe your Direct Connection configuration in Section H below and provide a schematic of such configuration. Call Account Team Representative to finalize your application.

G. OTHER

1. Please describe the type of service being requested

[Redacted text box]

2. Services to be provided by U S West

[Redacted text box]

3. Have all pertinent fields been filled out in this application, pertinent to this service? (check if yes)

Note: requests that do not fall under the current scope of U S WEST's product offerings will be reviewed and assessed. The decision as to whether the service can be implemented at this time will be reviewed and determined on a case-by-case basis.

H. CO-PROVIDER NOTES

[Large redacted text box for Co-Provider Notes]