

QWEST COMMUNICATIONS UNBUNDLED DARK FIBER AVAILABILITY INQUIRY & REQUEST	
BAN NUMBER: _____	INITIAL INQUIRY SIMPLE __ COMPLEX__ THIS INQUIRY IS RECORDS BASED ONLY AND DOES NOT GUARANTEE THE AVAILABILITY OF SPARE UDF
<i>Each Section must be answered, failure to do so will result in a delay and the form may need to be resubmitted. One route (CLLI location A to CLLI location Z) allowed per inquiry form. This is a records check and no guarantee that spare facilities actually exist.</i>	
CLEC SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
CLEC: _____ Date Submitted: _____ [] 5 day or [] 10 day (response required) Contact Name: _____ ACNA: _____ Telephone number: _____ Facsimile number: _____ Date of Interconnection Agreement: _____ Contract Number: _____ Contract indicates pair reservation is required*: [] Y or [] N , "only if yes"...IS CLEC REQUESTING RESERVATION: [] Y or [] N. Note: If both "Y", QWEST will initiate recurring billing immediately. Remarks: _____	
UNBUNDLED DARK FIBER SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
Number & Type of Fibers Requested*: _____ [] IOF [] IOF Splice Point [] Loop Premise [] Loop Structure	
<i>Important - a labeled map drawing required when Splice Point selected</i>	
Single Mode _____ Multi Mode _____ Location A CLLI _____ Location Z CLLI _____ Street address _____ Street address _____ City, State _____ City, State _____ Remarks: _____ <i>Account Mgr. must now contact the IAC (303-792-4481) and fax this request (303-792-6516)</i>	
NETWORK SECTION (COMPLETED BY OR THROUGH THE IAC)	
IAC Project Manager: _____ Date Received _____ Date Due _____ Date Complete _____ Telephone #: _____ Fax #: _____ Routed to: _____ CLO Issued: _____ TIRKS Facility Reservation: Y N RID date for TIRKS: _____ IOF Planning Engineer: _____ Telephone #: _____ CP Engineer: _____ Telephone #: _____ Date Returned to IAC: _____ Date Sent to ATR: _____ Spare IOF Fibers Avail: _____ Route #: _____ Record #: _____ # Cr Conn: _____ Splice Location: _____ Mileage from A location to Z location: _____ Mileage Span from FDP to FDP: _____ # of Fiber Cross Connects required _____ # of Fiber Terminations required _____ CP Completed by: _____ Telephone # _____ Remarks _____	
Returned to Account Manager _____ Date: _____	
WHOLESALE BILLING INSTRUCTION (COMPLETED BY ACCOUNT MGR.)	
[] Unbundled Dark Fiber Initial Inquiry ; Simple, Bill @ \$300.00 per route. Complex, Bill \$350.00 per route. \$_____.	

QWEST COMMUNICATIONS UNBUNDLED DARK FIBER AVAILABILITY INQUIRY & REQUEST	
BAN NUMBER: _____	FIELD VERIFICATION QUOTE (FVQ) [] IOF SPLICE POINT OR [] LOOP STRUCTURE (CEV, ETC.)
<i>Each Section must be answered, failure to do so will result in a delay and the form may need to be resubmitted. One route (CLLI location A to CLLI location Z) allowed per Field Verification Quote form.</i>	
BAN number must match the initial records inquiry BAN (A CLLI to Z CLLI route)	
CLEC authorized agent requesting this FVQ. Name: _____ Date: _____	
CLEC SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
Co-Carrier Name: _____ Date Submitted: _____ (20 day response)	
Contact Name: _____ ACNA: _____	
Telephone number: _____ Facsimile number: _____	
Date of Interconnection Agreement: _____ Contract Number: _____	
Contract indicates pair reservation is required*: [] Y or [] N, "only if yes"...DID CLEC REQUEST RESERVATION: [] Y or [] N.	
Remarks: _____	
UNBUNDLED DARK FIBER SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
Number & Type of Fibers Requested*: _____ [] IOF [] IOF Splice Point [] Loop Premise [] Loop Structure	
Single Mode _____ Multi Mode _____	
Location A CLLI _____ Location Z CLLI _____	
Street address _____ Street address _____	
City, State _____ City, State _____	
Remarks: _____	
NETWORK SECTION (COMPLETED BY OR THROUGH THE IAC)	
IAC Project Manager: _____ Date Received _____ Date Due _____ Date Complete _____	
Telephone #: _____ Fax #: _____	
Routed to: _____ CLO Issued: _____	
TIRKS Facility Reservation: Y N RID date for TIRKS: _____	
IOF Planning Engineer: _____ Telephone #: _____	
CP Engineer: _____ Telephone #: _____	
Due Date: _____ Date Returned to IAC: _____ Date Sent to ATR: _____	
Spare IOF Fibers Avail: _____ Route #: _____ Record #: _____ # Cr Conn: _____	
Splice Location: _____	
Mileage from A location to Z location: _____ Mileage Span from FDP to FDP: _____	
# of Fiber Cross Connects required _____ # of Fiber Terminations required _____	
CP Completed by: _____ Telephone # _____	
Remarks _____	
Quote Prepared by: _____ Date: _____	
Returned to Account Manager _____ Date: _____	
WHOLESALE BILLING INSTRUCTION	
[] Unbundled Dark Fiber Field Verification and Quote Process; Billed @ \$1470.00 per route requested. \$_____.	

QWEST COMMUNICATIONS UNBUNDLED DARK FIBER AVAILABILITY INQUIRY & REQUEST	
BAN NUMBER: _____	PROVISIONING (ORDER)
<i>Each Section must be answered, failure to do so will result in a delay and the form may need to be resubmitted. One route (CLLI location A to CLLI location Z) allowed per ORDER form.</i>	
BAN number must match the initial records inquiry BAN (A CLLI to Z CLLI route)	
CLEC authorized agent ORDERING UDF. Name: _____ Date: _____	
CLEC SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
Co-Carrier Name: _____ Date Submitted: _____ Contact Name: _____ ACNA: _____ Telephone number: _____ Facsimile number: _____ Date of Interconnection Agreement: _____ Contract Number: _____ Contract indicates pair reservation is required*: [] Y or [] N , "only if yes"...DID CLEC REQUEST RESERVATION: [] Y or [] N Remarks: _____	
UNBUNDLED DARK FIBER SECTION (COMPLETED BY ACCOUNT MGR & CLEC)	
Number & Type of Fibers Requested*: _____ [] IOF [] IOF Splice Point [] Loop Premise [] Loop Structure Single Mode _____ Multi Mode _____ Location A CLLI _____ Location Z CLLI _____ Street address _____ Street address _____ City, State _____ City, State _____ Remarks: _____	
NETWORK SECTION (COMPLETED BY OR THROUGH THE IAC)	
IAC Project Manager: _____ Date Received _____ Date Due _____ Date Complete _____ Telephone #: _____ Fax #: _____ Routed to: _____ CLO Issued: _____ TIRKS Facility Reservation require: Y N RID date for TIRKS: _____ IOF Planning Engineer: _____ Telephone #: _____ CP Engineer: _____ Telephone #: _____ Due Date: _____ Date Returned to IAC: _____ Date Sent to ATR: _____ Spare IOF Fibers Avail: _____ Route #: _____ Record #: _____ # Cr Conn: _____ Splice Location: _____ Mileage from A location to Z location: _____ Mileage Span from FDP to FDP: _____ CP Completed by: _____ Telephone # _____ Remarks _____ Prepared by: _____ Date: _____	
Returned to Account Manager _____ Date: _____	
WHOLESALE BILLING INSTRUCTION	
[] Unbundled Dark Fiber confirmation to provision has been received. Bill @ 50% of quoted charges for Splice Point or Loop Structure. Billed at \$_____. [] Unbundled Dark Fiber provisioning complete. Bill the remaining 50% of the quoted chares for Splice Point or Loop Structure. Bill non-recurring installation and recurring monthly charges. \$_____. [] Unbundled Dark Fiber provisioning complete. Bill one time turn up, non-recurring and recurring monthly charges. \$_____. (100% - FVQP not required IOF or Loop request)	