



## 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*
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 FairPoint)**

### Technical Equipment Specifications

1. *Please provide the manufacturer/model #, dimensions, quantity, and 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. FairPoint 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 #, and 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 FairPoint.*

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

**FairPoint Communications**  
**Collocation Service Manager**  
**5 Davis Farm Rd**  
**Portland, ME 04103**  
**E-mail Address: [WholesaleCollocation@FairPoint.com](mailto:WholesaleCollocation@FairPoint.com)**