



## COLLOCATION APPLICATION

DATE SENT \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE REC'D \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(HT use only)

REVISION # \_\_\_\_ (Please see Section III C)

**NOTE:** Failure to provide all requested information and associated documentation may result in delays in the processing of this application.

### I. CUSTOMER INFORMATION

1. **Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

2. **Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**Email:** \_\_\_\_\_

3. **24 Hour Emergency Telephone:** \_\_\_\_\_

4. **Access Carrier Name Abbreviation (ACNA):** \_\_\_\_\_

5. **Alternate Exchange Carrier Name (AECN):** \_\_\_\_\_

6. **Billing Information:**

**Company Name:** \_\_\_\_\_

**Billing Manager Name:** \_\_\_\_\_

**Telephone # (with ext., if appropriate):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_



**II. DESIRED COLLOCATION SITE**

1. **Name of Central Office/Premise(s):** \_\_\_\_\_
2. **Address:** \_\_\_\_\_
3. **CLLI CODE:** \_\_\_\_\_

Provide the 8-character Central Office CLLI (Common Language Location Identifier) Code that identifies the wire center. If the request is an augment to an existing arrangement, the 11-character CLLI is required.

**III. TYPE OF COLLOCATION REQUESTED:**

**A. New Collocation Arrangement**

In order for Hawaiian Telecom to meet your collocation requirements, use one to four to rank the order of preference, "1" indicating the first preference, "2" indicating the next choice, etc.

**1. Requested Arrangement Type**

Type of Collocation Requested		Tariff Code *(Appendix B)	Order Of Preference	Requirements	Desired SQ. FT, Bay	Minimum SQ. FT, Bay
Traditional Physical	**Inter (FCC)			Minimum of 100 Sq. Ft.		
	Intra (State)			Minimum of 25 Sq. Ft.		
Virtual	Inter (FCC)			Number of Relay Racks/Bays		
	Intra (State)			Number of Relay Racks/Bays		
	ICA	ICA		Number of Relay Racks/Bays		
Cageless				Number of Relay Racks/Bays		
Caged				Minimum of 25 Sq. Ft.		
Shared Caged/Subleased Cage						

2. **Virtual** – In Hawaii, the applicant has an option of installing the equipment. Please indicate if you wish HT to perform the installation: **(VERIFY this option)**

Yes [ ]

No [ ] If no, indicate the Hawaiian Telecom approved "Equipment Installation Vendor" in Section VIII

3. **Shared Caged/Subleased** – This type of arrangement requires the name of the Guest CLEC (GC) and the amount of space that is to be allocated to each guest. Provide information below:

**Guest CLEC 1 Name:** \_\_\_\_\_ **% of space allocated:** \_\_\_\_\_

Guest CLEC 2 Name: \_\_\_\_\_ % of space allocated: \_\_\_\_\_

**B. Augment to an Existing Arrangement** (Please select one of the following: Physical, Virtual, Cageless, Caged, Shared Caged). (Verify if HT offers Virtual in this section)

1. Type of existing arrangement \_\_\_\_\_  
 Physical  Virtual  Cageless  Caged  Shared Caged

2. Augment Type – Check all applicable items:

- Cable Terminations for DS3, DS1, VF/DS0, XDSL, VG (2W/4W), Fiber – Complete section IV.
- Power – Complete section V.
- Connection to CATT – Complete sections VII and VIII.
- Pulling in additional fiber facilities – Complete sections VII and VIII.
- Addition/Change of Equipment – HT work required – Check the appropriate box that is associated with this augment – complete sections VI and VIII.
- Addition/Change of Equipment – No HT work required – Complete sections VI and VIII.
- Space – Indicate number of square feet or bays desired
  - Number of additional Relay Racks/Bays \_\_\_\_\_
  - Non-contiguous space acceptable
  - Number of square feet \_\_\_\_\_
- Cable Terminations for Line Share – Complete section IV.
- Software upgrade in a Virtual collocation arrangement – Complete section VI.
- Plug-In upgrade in a Virtual collocation arrangement – If cabling required, check the cable termination box above – Complete Section IV and Appendix A.
- Plug-In upgrade in a Virtual collocation arrangement – No cabling required – Complete Appendix A.
- Interconnect via Microwave – Complete sections V, VI, VII, and VIII.

3. Specify Initial arrangement Tariff Code or ICA#: \_\_\_\_\_

**C. Revisions Requested:**

**Reason for Revision:** Hawaiian Telcom Application ID#/Control # of application being revised:

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**Note:** Revisions to an application that are received after the 5<sup>th</sup> business day will be considered an augment. In these cases, the CLEC must submit an augment application and the appropriate augment fee.

**D. Certificate of Insurance**

A Certificate of Insurance must be provided for all new sites prior to Occupancy. Please indicate whether or not you are providing the Insurance Certificate. Certificate Attached:

- Yes, provide the expiration date: (00/00/0000)\_\_\_\_\_
- No, previously provided on the following date: (00/00/0000)\_\_\_\_\_
- No, provide the date the certificate is to be provided: (00/00/0000)\_\_\_\_\_

**IV. TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVIDED**

1. The table below is associated with terminations ordered for the following types of arrangements:
  - Traditional Physical, Caged
  - Verizon installed Virtual collocation.

Provide the minimum and maximum quantity desired for each termination. Refer to Applications Instructions Appendix C for tariff minimum ordering increments for each type of termination.

Type of Termination		Physical/Caged		HT Installed Virtual	
		Desired	Minimum amount acceptable	Desired	Minimum amount acceptable
DS3					
DS1					
VG-2W					
VG-4W					
*Line Sharing/Splitters					
Fiber Cable Terminations					
BITS Timing Cabling	DS1 Super Frame (SF)				
	DS1 Extended Superframe (ESF)				
	Composite				

Please indicate if the applicant or HT \_\_\_\_\_ will provide all intraoffice cabling for DS1/3, VG and/or Line Sharing<sup>1</sup>, DS1/Fiber Composite BITS Timing, and DC Power (BATT & RTN). Please refer to application instruction for “non-connectorized” cabling information.

- \* Quantity of Line Sharing terminations should equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Hawaiian Telcom and HT must be obligated to provide Line Sharing to CLEC. Refer to Section IV.3 – Line Sharing.

2. This table pertains specifically to CLEC installed Cageless and Virtual racked and stacked. Provide the minimum and maximum quantity desired for each termination.

<sup>1</sup> Please note that references to “Line Sharing” in these Instructions or in the Application itself do not impose a legal obligation or commitment by Hawaiian Telcom to provide Line Sharing when HT is not required to do so.

Provide the minimum and maximum quantity desired for each termination. Refer to Applications Instructions Appendix C for tariffed minimum ordering increments for each type of termination.

Type of Termination	Cageless, CCOE with CLEC provided POT Bay, or Virtual (if racked & stacked).									
	Bay 1		Bay 2		Bay 3		Bay 4		Bay 5	
	Desired	Min AMT Acceptable	Desired	Min AMT Acceptable	Desired	Min AMT Acceptable	Desired	Min AMT Acceptable	Desired	Min AMT Acceptable
DS3										
DS1										
VG-2W										
VG-4W										
*Line Sharing/ Splitters										
Fiber Cable Terminations										
BITS Timing Cabling	**DS1 Superframe (SF)									
	DS1 Extended Superframe (ESF)									
	Composite									

Please indicate if the applicant or HT \_\_\_\_\_ will provide all intraoffice cabling for xDSL, DS1/3, DS1/Composite BITS Timing, and DC Power (BATT & RTN). Please refer to application instruction for “non-connectorized” cabling information.

\* Quantity of Line Sharing terminations should equal to the quantity of DSL subscribers to be served by the CLEC. In order to request this product, CLEC must be eligible to order Line Sharing from Hawaiian Telcom and HT must be obligated to provide Line Sharing to CLEC. Refer to section IV.3 – Line Sharing.

### 3. Line Sharing

Indicate the option that will be used to deploy line sharing:

**Option A:** CLEC provides splitter in their arrangement.

**Option C:** Hawaiian Telcom installs and maintains, in HT space, a CLEC provided splitter in a HT provided bay.

**Note:** Line Share services are now generally available only to CLECs who have entered into a commercial agreement with Hawaiian Telecom. Construction of Line Share facilities does not guarantee that those facilities can be provisioned for service unless the CLEC has entered into a service agreement.

## V. **DC POWER REQUIREMENTS** – Use for an initial application or for an augment to increase power to an existing arrangement.

### 1. General Instructions

The CLEC is responsible to engineer the power consumption required at the collocation arrangement and is responsible for taking into consideration any special circumstances in determining drain/load and fuse size of the feed for each.

Please indicate your requirements for –48V Battery & Ground. Provide the total number of “A” feeds and/or the total number of “B” feeds for each type of collocation request. Indicate the requested drain/load per feed and the fuse size per feed. Where applicable, include ampacity and cable designation information as well.

Fused capacity shall not exceed 2.5 times the CLEC specified load per feed. Drain/load per feed must be expressed in whole numbers and not fractions. (Hawaiian Telcom bills for DC power in accordance with the applicable tariff provision. DC power requirements should be ordered as such.) Additionally, fuses must be ordered in industry standard sizes referenced in the application instructions.

When ordering multiple power feeds please indicate each feed’s requirement separately. Refer to the application instructions for specifications on industry standard sizing. Fusing at 2.5 times load may not be possible in all cases based on the CLEC specified load. In those situations, the CLEC must determine whether to choose a fuse size that is less than 2.5 times load or increase their load in order to conform to the industry fuse sizes

### 2. Dc Power Requirements – Augmenting Power

A. Please indicate below the type of feed request.

Request for a new feed (use Disposition Code: N in table)

Make a change to an existing feed to a larger capacity feed (use Disposition Code: C in table)

Load/Drain increase on an existing feed

Fuse increase on an existing feed

Termination of a feed that is being replaced by an N coded larger ampacity feed. (use Disposition Code: T)

**Note:**

Requests to decrease either fuse or load requirements on an existing feed must be submitted via a Notice of Termination/Reduction application

Joint coordination may be required to identify applicable power feeds. HT must approve any/all drain/load or fusing changes to existing power cables. Please note all applicable tariff rates and augment intervals will apply for an increase in fuse or drain size that requires new cabling.



**B. Detailed Power Requirement**

For Traditional Physical, Caged, Cageless, Virtual or Virtual Racked & Stacked											
Power Configuration	Feed	Disposition	Drain/Load Existing	Drain/Load Requested	Amps Fused Existing	Amp Fused Requested	Cable Ampacity	Feed Designation			Bay Designation
								BDFB/MPB/RR Designation	Panel Designation	Fuse Assignment	
1	A										
	B										
2	A										
	B										
3	A										
	B										
4	A										
	B										
5	A										
	B										
6	A										
	B										
7	A										
	B										
8	A										
	B										
9	A										
	B										
10	A										
	B										

\*Disposition: please indicate

“N” - New Feed

“C” - Change to an existing feed which may require a joint site visit to evaluate if a new cable is necessary and if so, the CLEC must revise it’s augment application.

“T” - Terminating a power feed that will be replaced by an N coded, larger ampacity feed.

“NC” - No change,

**Detailed Power Requirement (cont.)**

**For Traditional Physical, Caged, Cageless, Virtual or Virtual Racked & Stacked**

Power Configuration	Feed	Disposition	Drain/Load Existing	Drain/Load Requested\	Amps Fused Existing	Amp Fused Requested	Cable Ampacity	Feed Designation			Bay Designation
								BDFB/MPB/RR Designation	Panel Designation	Fuse Assignment	
11	A										
	B										
12	A										
	B										
13	A										
	B										
14	A										
	B										
15	A										
	B										
16	A										
	B										
17	A										
	B										
18	A										
	B										
19	A										
	B										
20	A										
	B										



**3. NEBS Conformance.**

Please complete the following information relating to the completed NEBS Conformance checklist and supporting data for the Risk/Hazard related elements for all equipment and framework

Date Submitted to Technology and Engineering/Maintenance Engineering: (00/00/0000)

If this information was provided with a previous application, please provide the following:

Date Submitted:(00/00/0000) Location:\_\_\_\_\_

Application #/Control #\_\_\_\_\_

(If you do not have the control # of the prior application, provide the 11 character CLLI code).

**VII. Entrance Facility Information:**

1. Indicate the transport option the applicant intends to use to enter Hawaiian Telcom's central office:

Lease facilities from Hawaiian Telcom.

Lease fiber from a Competitive Access Transport Terminal (CATT\*) Please complete sections 3 and 4 below.

Pulling in fiber from Manhole "0" – Complete items 2 through 4 of this section and Section VIII.

Microwave – Contact the Collocation Program Manager.

\*Provide the name of the CATT provider or 11 character CLLI Code of the CATT, and attach a Letter of Agency (LOA) from the provider. \_\_\_\_\_

2. Cable Information:

A. Provide detailed information on the desired direction from where the cable originates or desired Manhole "0" location(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Has the right of way or the Licensing Agreement been established (e.g., conduit)

Yes  If yes, provide the following information:

Contract Number: \_\_\_\_\_

Manhole "0" Number(s): \_\_\_\_\_

Manhole "0" License Application #: \_\_\_\_\_

Date Fiber will be placed at "0" Manhole: :(00/00/0000) \_\_\_\_\_

No

C. Diverse Route entry requested (if available): Yes  No

<b>3. Cable Requirements:</b>	<b>Feeder</b>	<b>Riser</b>
A. Number of cables:	_____	_____
B. Diameter of cable:	_____	_____
C. Number of fibers (i.e. 12, 24, etc)	_____	_____
<b>4. Cable Characteristics:</b>		
A. Cable Designation and count	_____	
B. Manufacturer	_____	
C. Type of Single Mode Fiber Used	_____	
D. Loss Decibels per Kilometer	_____	

**VIII. CUSTOMER’S VENDOR SELECTION**

ACTIVITY	NAME	ADDRESS	TELEPHONE NUMBER
Engineering Vendor			
Outside Plant Vendor (Cable Placement)			
Outside Plant Vendor (Cable Splicing)			
Equipment Installation Vendor			
Installation Vendor (Riser Cable)			
Cage Construction Vendor			

Note : All work performed in a Hawaiian Telcom Central Office must follow the standards outlined in HT Installation Practice # \_\_\_\_\_ as well as referenced in applicable tariffs.  
 (Verify Doc #'s)

**IX. ADDITIONAL COMMENTS/NOTES:**

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**X. LOOP SPECIAL BILLING NUMBER (SBN) REQUIREMENTS:**

When applying for collocation in the states of CT, MA, ME, NH, RI or VT, please complete the section

(Hawaiian Telcom Use Only)

Control Number \_\_\_\_\_

Application Type \_\_\_\_\_

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

**Collocation Manager  
Hawaiian Telcom**

**E-Mail Address:**

**[add address & room number & email address above]**

## APPENDIX A List of Plug-In (Cards)

1. For all types of Collocation listed in section III, provide the type of plug-in cards associated with each system. If additional entries are required, please copy this page and continue.
2. Please provide the following information for questions relating to this attachment:

**Contact Name:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **FAX#** \_\_\_\_\_ **e-mail address** \_\_\_\_\_

<b>Bay:</b>	<b>Manufacturer:</b>	<b>Model Name/Number:</b>	<b>Part Number:</b>
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**List the plug-in cards associated with the Bay and Shelf/System provided above.**

Model/Name:	Part Number:	SLOT:
<b>Remarks:</b>		



## APPENDIX B

<b>VERIZON COLLOCATION TARIFFS *</b>	<b>Tariff Code for the Application</b>	<b>PRODUCTS OFFERED</b>
<b>FEDERAL TARIFFS</b>		
FCC 1EA1 (DC, DE, MD, NJ, PA, VA, WV)	FCC 1	Virtual, CATT
FCC 1EA11 (CT, MA, ME, NH, NY, RI, VT)	FCC 11	Virtual, CATT
FCCIGA14 (CA, FL, HI, ID, IL, IN, MI, NC, OH, OR, PA, SC, TX, VA, WA, WI)	FCC 14	Physical, Virtual, CATT
FCCICA16 (CA, IL, TX, VA, WA)	FCC 16	Physical, Virtual, CATT
<b>STATE TARIFFS</b>		
Hawaii - HIIGL19	HI PUC 19	Caged, Cageless, Virtual