



## Collocation Application - Instructions

**Prior to submitting an initial Collocation Application, the customer must initiate the account establishment process. Please contact an Account Manager for details.**

Please fill in all information as instructed below:

**This application is considered to be a legal document and should not be altered in any way. Points of clarification or additional information should be noted in the Additional Comments/Notes Section X. 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 of Company applying for Collocation  
Street: Address of Company including City, State, and ZIP  
City  
State & Zip
2. **Contact Name:** Name of person to whom all information should be conveyed or questions addressed.  
Title: Title of Company contact  
Telephone #: Telephone # with extension if appropriate of Company contact  
Fax #: Fax # of Company contact  
E-Mail Address: E-Mail address of Company contact
3. **24-Hour Emergency Telephone #:** Enter the 24-hour emergency telephone number.
4. **ACNA:** Enter the Access Carrier Name Abbreviation (ACNA). This is a three to four character code used to identify a telecommunication company.
5. **AECN:** Enter the Alternate Exchange Carrier Name Abbreviation (AECN). This is a four character code to be used to identify a specific carrier.
6. **Billing Information:**  
Company Name:  
Billing Manager Name: Enter the name of the person to whom all billing information should be conveyed.  
Telephone #: Telephone # (with ext., if appropriate) of Billing Manager  
Billing Address: Include City, State, and ZIP.

**II. Desired Collocation Site**

1. **Name of Central Office/Premise(s):** Provide the name of the Central Office in which collocation is desired.
2. **Address:** Provide the Central Office/Premise location, including street address, city, and state.
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*** – This section should be completed for all new requests for collocation. In ordering collocation, please indicate the order of preference for the type(s) of collocation arrangements the applicant is willing to consider. In addition, list the applicable tariff code (outlined in Appendix B) as well as your desired and minimally acceptable requirements for each option. **For those states that do not have an effective tariff the applicable rates outlined in the Interconnection Agreement will apply (verify if HT has an effective tariff rate.)** Hawaiian Telcom will offer the applicant the minimally acceptable requirement on a first preference before considering the next preference. Please see example below.

1. **Requested Arrangement Type.** (Review Tariff modify fields for HT)

Type of Collocation Requested		Tariff Code *(Appendix B)	Order of Preference	Requirements	Desired	Min
Traditional Physical	Inter (FCC)			Minimum of 100 Square Feet		
	Intra (State)			Minimum of 25 Square Feet	100 S.F.	50 S.F.
Virtual Collocation	Inter (FCC)					
	Intra (State)					
	ICA					
Cageless				Number of Relay Racks/Bays		
Caged				Minimum of 25 Square Feet		
Shared Caged/Sub-leased						

A detailed front equipment drawing showing the type and location of each piece of equipment (including fuse panels) must be provided with the applications.

The following section describes the types of arrangements that can be ordered on this application. Please refer to the Hawaiian Telcom web site for additional information.

**Traditional Physical:** Traditional Physical Collocation space is ordered in increments of square footage and is always enclosed with wire mesh and a locking door.

**Virtual:** CLEC provided, Hawaiian Telcom owned and maintained equipment, which is dedicated to CLEC use. Please indicate the total number of bays the equipment requires. If the equipment to be installed is not part of the normal HT inventory, the CLEC is responsible for providing test equipment and appropriate manuals.

**List this information in the Technical Equipment Specifications section (VI) of the application.** In addition to the information requested in section VI, please provide the following:

- Block diagram/schematic of the equipment layout.
- Bay/relay rack dimensions if being provided by CLEC - **if your Company will be providing the bays please indicate if the equipment will be delivered pre-installed in the bays.**
  - Outline specification that includes a wiring list.
  - A front equipment drawing that shows where plug-ins are to be installed.
  - A list of spare plug-ins will be provided.

**Cageless:** A floor space arrangement allocated to a CLEC for a minimum of a single bay or cabinet in a non-caged environment. Please indicate the total number of bays desired. See section VI for more details.

**Caged:** A caged floor space arrangement allocated to a CLEC with a minimum cage size of 25 square feet.

**Shared/Sub-leased Caged:** A caged collocation space shared by two or more CLECs pursuant to the terms and conditions agreed to and between the CLECs.

2. **Virtual:** The applicant has the option of hiring a Hawaiian Telcom approved installation vendor for the equipment. Please indicate if HT is to install the equipment by checking yes or no. If no is indicated, specify the HT approved "Equipment Installation Vendor" in section VIII.
3. **Shared/Sub-Leased Caged: State tariffs only:** At the time of ordering, the applicant must specify the percentage of the allocation applicable to each of the CLECs in the Shared arrangement, the total of which must equal 100 percent. See applicable tariff for billing information. List the names of all CLECs sharing this space, indicating the percentage of space being allocated per CLEC. An example follows:

**Guest** CLEC 1 Name \_\_\_\_\_ Company A Allocated % \_\_\_ 35  
**Guest** CLEC 2 Name \_\_\_\_\_ Company B Allocated % \_\_\_ 35

Based on this example 30% is allocated to the applicant.

**B. Augment to an Existing Arrangement** – This section is used to request an augment to an existing collocation arrangement.

1. **Type of Existing Arrangement** – Indicate the type of arrangement that is being augmented: Physical, Virtual, Cageless, Caged, Virtual, Shared Caged
2. **Augment Type**– Indicate the type(s) of augments required. Be sure to check all that apply.

**The following are the types of augments available:**

- Cable Terminations for DS3, DS1, VF/DS0, xDSL, VG (2W, 4W), Fiber ⇒ Used to add cable terminations to the arrangement. Complete section IV.
- Power ⇒ Used to add DC power to an existing arrangement. Complete section V.
- Connection to CATT ⇒ Used to request connection between the existing collocation arrangement and a CATT (Competitive Alternate Transport Terminal). Complete sections VII and VIII.
- Pulling in additional fiber facilities ⇒ Used when additional fiber needs to be run from Manhole "0" to the existing collocation arrangement. Complete sections VII and VIII.
- Addition/Change of Equipment-HT work required ⇒ Used when adding or changing equipment in an existing arrangement. Check any other appropriate boxes associated with this augment request. Complete sections VI and VIII.
- Addition/Change of Equipment-No HT work required ⇒ Used when adding or changing equipment in an existing arrangement.. Complete sections VI and VIII.
- Space ⇒ Used when requesting an expansion of an existing arrangement. Indicate the amount of square feet or number of relay racks/bays desired. For number of relay racks/bays please complete section VI. HT will make every effort to accommodate contiguous space. In the event that contiguous space is not available, please indicate if non-contiguous space is acceptable.
- Cable Terminations for Line Share ⇒ Used to add line share terminations to the arrangement. Complete section IV.
- Software upgrade to a virtual arrangement ⇒ Used when upgrading existing software to a Virtual arrangement; done on a per shelf basis. Complete section VI.
- Plug-in upgrade to a Virtual arrangement - Cabling Required ⇒ Used when requesting plug-ins upgrade to an existing Virtual arrangement. Check the cable and/or line share termination box(s) above and in addition complete section IV and Appendix A of the application.
- Plug-in upgrade to a Virtual arrangement – No Cabling Required ⇒ Used when requesting plug-ins upgrade to an existing Virtual arrangement. Complete Appendix A of the application.
- Interconnect via microwave ⇒ Used when installing a microwave to interconnect with HT facilities. Complete sections V, VI, VII, and VIII.

3. **Specify Initial Arrangement Tariff Code or ICA#:** - Specify the Tariff Code (if applicable) under which you are applying (as listed in Appendix B of the instructions). The tariff must be the same as the tariff for the existing arrangement when adding Line Sharing to an existing Federal arrangement anywhere in HT, please provide Interconnection Agreement number (if applicable).

**C. Revision Request.** Reason for Revision: Used to modify a recently submitted collocation application. Describe the reason for revising your previously submitted application, include the HT Application ID# as well as Control # of the original application. Revisions must be received within 5 business days. Any revision after 5 business days must be submitted as an augment, along with the appropriate augment fee or cancel existing application and submit new application. If administrative revisions have received Director Approval, the augment fee may be waived.

**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.

If the Certificate is attached or has been provided previously, provide its expiration date. If the Certificate is not being provided with this application please provide the date on which it will be submitted.

**IV. Type of Termination, Request, and Cables to be Provisioned**

Please indicate the quantity for each of the service/termination types for every collocation arrangement that the applicant has requested in Section III A.1. If the request is for an augment indicate the quantity of terminations requested for the existing arrangement type. Terminations to be cabled are those that will be run between the demarcation point/virtual equipment and the HT distributing frames to support the equipment being installed with this application. Please provide the minimum and maximum quantity desired for each termination.

Certain tariffs and products have minimum ordering increments and will be cabled and billed accordingly. (Please refer to Appendix C attached.)

If ordering Line Sharing, complete Section IV, # 3. – Line Sharing

1. The table below is associated with Traditional Physical and Caged; when Hawaiian Telcom provides the POT Bay and HT installed Virtual collocation.

Type of Termination		Physical/Caged		HT Installed Virtual	
		Desired	Minimum Amount Acceptable	Desired	Minimum Amount Acceptable
DS3					
DS1					
DSO/VF					
VG- 2W					
VG-4W					
*Line Sharing/Splitters					
Fiber Cable Terminations					
# BITS Timing Cabling	DSI -Superframe (SF)				
	DSI -Extended Superframe (ESF)				
	Composite				

Please indicate whether the applicant or HT will provide all intraoffice cabling for DS1/3, VG and/or Line Sharing, DS1/Fiber Composite BITS Timing, and DC Power (BATT & RTN).

\* Quantity of Line Sharing terminations should (Equal the quantity of DSL subscribers to be served by the CLEC). In order to request this product, Line Sharing must be either tariffed or part of the CLEC's Interconnection Agreement. Refer to Section IV, 3 – Line Sharing.

2. This table pertains to HT applicants for CLEC Installed Cageless or Virtual racked and stacked.

Type of Termination	Cageless or Virtual (if racked & stacked)									
	Bay 1		Bay 2		Bay 3		Bay 4		Bay 5	
	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable	Desired	Min Acceptable
DS3										
DS1										
VF/VG-2W										
VG-4W										
*Line Sharing/ Splitters										
Fiber Cable Terminations										
# BITS Timing Cabling	DSI - Superframe (SF)									
	DSI - Extended Superframe (ESF)									
	Composite									

Please indicate whether the applicant or HT \_\_\_\_\_ will provide all intraoffice cabling for DS1/3, VG and/or Line Sharing, DS1/Fiber Composite BITS Timing, and DC Power (BATT & RTN). Cables will be open-ended (non-connectorized) at the Collocator's cage, bay or cabinet location. The collocator will be responsible for the termination of all cable grounds as well as facility pulls at the collocator's cage, bay or cabinet.

\* Quantity of Line Sharing terminations should equal the quantity of DSL subscribers to be served by the CLEC. In order to request this product, Line Sharing must be either tariffed or part of the CLEC's Interconnection Agreement. Refer to Section IV, 3 – Line Sharing.

Please round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, HT will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.

Line sharing requires 2 cable pairs to be provisioned for each Line Sharing termination order. Thus, HT will run and bill, as per tariff, 2 cable pairs for each line share termination ordered in this section of the application. For example, if you order 100 Line Sharing terminations, HT will provision and bill for 200 pairs, as applicable per tariff.

**3. Line Sharing:** Please indicate the option you will be using to deploy line sharing:

**Option A** – CLEC provides splitters in their arrangement.

**Option C** – CLEC provided splitter shelf is installed in a Hawaiian Telcom provided bay, in Hawaiian Telcom space.

If selecting Option C, Hawaiian Telcom will be installing the splitter shelf. In addition, provide the Hawaiian Telcom approved Equipment Installation Vendor Name in section VIII.

Requests for all Line Share terminations should be equivalent to the number of splitters to be installed. Please ensure that the number of Line Share terminations requested is populated in section IV.1.

**Note:** Line Share services are now generally available only to CLECs who have entered into a commercial agreement with Hawaiian Telcom. 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 request or for an augmented increase of power to an existing arrangement.

1. **General Instructions**

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 cable ampacity and cable designation information as well.

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

Fused capacity shall not exceed 2.5 times the CLEC specified load per feed, except in NY & CT where the CLEC can request fused capacity not to exceed 4 times the CLEC specified load per feed.

The total 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 must be ordered as such.

Additionally, the fused capacity must be expressed in industry standard fuse sizes as indicated in the following tables:

**Industry Standard Fuses at BDFB\***

Amp Rating	3	5	6	10	15	20	25	30	40	50	60	
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\*Some BDFBs have fusing available at 70 amps. HT will entertain any 70 amps fuse requests.  
(verify)

## Industry Standard Fuses at Main Power Board

Amp Rating	100	110	125	150	175	200	225	300	400	500		
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When ordering multiple power feeds please indicate each feed's requirements separately. Hawaiian Telcom anticipates the customer will properly engineer fuse capacity and must consider any special circumstances in determining drain/load and fuse size of each feed.

Due to the fact that fuses come in industry standard sizing, fusing at 2.5 times drain/load may not be possible in all cases based on the CLEC specified drain/load. In those situations, the CLEC must determine whether to choose a fuse sizing that is less than 2.5 times drain/load or increase their load in order to conform to the industry fuse sizes. The manufacturer's specifications should be consulted to determine power requirements.

A CLEC can order just an "A" feed, and then at a later date submit an augment to place a "B" feed due to a change in their requirements.

### 2. Dc Power Requirements – Augmenting Power

In section A, the CLEC must indicate the type of work to be performed. Please check whether the CLEC is requesting a new feed, a change to an existing feed or the replacement of an existing feed with a feed of greater capacity. The CLEC must check all the applicable boxes indicating: Disposition Code: N for a new feed, Disposition Code: C for Load/drain increase to existing feed, fuse increase on an existing feed and Disposition Code: T for terminating a feed that is being replaced by an N coded larger ampacity feed. Requests to decrease either fuse or load requirements on an existing feed must be submitted via a Notice of Termination/Reduction application.

The CLEC may be required to participate in a joint coordination/site visit to identify applicable power feeds. Hawaiian Telcom 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 drain size.



**Section B. DC Power Requirements.** The following must be completed detailing all the power requirements whether new or changed to an existing arrangement.

**EXAMPLE:**

		a.	b.	a.	b.	a.	c.	b.	b.	b.	
<b>For Traditional Physical, Caged, Cageless, Virtual or Virtual Racked &amp; Stacked</b>											
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	N		20		50					
	B	N		20		50					
2	A	C	5	10	10	15		101.2	A1	4	
	B	C	5	10	10	15		101.2	B1	4	
3	A	N		20		40					
	B	N		20		40					
4	A	T	10	0	20	0		103.1	A2	5	
	B	T	10	0	20	0		103.1	B2	5	

- Required for all power augments  
 Column Title:
  - Disposition - please indicate "N" for New Feed, "C" for a Change to an existing feed with a larger capacity feed in drain. "T" for terminating a power feed that will be replaced by an N coded, larger ampacity feed. "NC" for no change.
  - Drain/Load Requested
  - Amps Fused Requested
- Required for all increases to existing feeds  
 Column Title:
  - Drain/Load Existing                      Fuse Assignment
  - Panel Designation                          Amps Fused Existing
  - BDFB/MPB/RR Designation

The manufacturer's specifications should be consulted to determine power requirements.

Example:

- Power Configuration 1: CLEC REQUESTING NEW FEED. The customer requires 1 “A” feed, with 20 amps load feed fused at 50 amps; and 1 “B” feed, with 20 amps load feed fused at 50 amps
- Power Configuration 2: The customer is requesting to change existing A & B feeds from 5 amps load, 10 amps fused to 10 amps load, 15 amps fused. May require installation of a new cable, removal of an old cable and coordination with the CLEC to power down and up their equipment. Note: Disposition designation “C” because existing feed can accommodate increase of power requirements. Increase in fuse requirement on an existing feed requires feed designation information.
- Power Configuration 3: CLEC requesting new A & B feeds of 20 amps load and 40 amp fused to replace an existing feeds. (see configuration 5)
- Power Configuration 4: CLEC terminating existing A & B feeds of 10 amps load, 20 amps fused to be replaced by larger capacity feeds. (see configuration 4) Termination of feed requires feed designation information.

Power configurations must be designated by the correct Bay for Cageless or Virtual Racked & Stacked. For Physical and Virtual (if not racked and stacked) if more than 3 power feeds are required subsequent bay sections must be used.

## **VI. Technical Equipment Specifications**

1. Provide a list of the equipment and framework (bays). Include the Quantity, Manufacturer/Model #, Equipment Nomenclature, Dimensions – HxWxD, Equipment Weight, Equipment BTUs (Ultimate Heat Release), Manufacturer’s specified drain in Amps for –48V DC, Common Language Equipment Identifier (CLEI). And the total amount of drain/load rounded up to the nearest amp for the equipment listed on the application.
2. Please state the total equipment drain/load in amps for the entire arrangement. Bays should be included as separate pieces of equipment. If this is an augment please include existing newly requested equipment in the amps calculation.
3. **Network Equipment Building System (NEBS) Conformance Requirements**

A completed NEBS Conformance Checklist and the supporting data for Risk/Hazard related elements are required and must be submitted to Hawaiian Telecom Technology and Engineering/Maintenance Engineering. See HT Website Customer Documentation, – Applicable NEBS Requirements ([verify document and insert URL](#)). All equipment and framework (relay racks) to be installed or placed in HT Central Offices must be documented to meet the NEBS family of requirements.

Please provide the date that the NEBS Conformance Checklist was submitted to HT Technology and Engineering/Maintenance Engineering. If the NEBS Conformance Checklist was submitted with a prior application please provide the date it was submitted, the Location, and the Control # assigned. If you do not know the Control # please provide the 11 character CLLI code.

Framework/Relay Rack equipment installed in collocation arrangement in HT Central offices must conform to NEBS requirements. Please refer to tariff for more info.

Frames/relay racks are not compliant if constructed of non-steel and/or non-welded equipment frame materials.

## **VII. Entrance Facility Information:**

**Note: The Entrance Fiber Facility portion of this project will be managed outside the mandated collocation interval.**

1. Please indicate the transport option the applicant intends to use.

***Check the appropriate method.***

- Check this box if leasing facilities from Hawaiian Telcom.
- Check this box if leasing fiber from a CATT arrangement (Competitive Alternate Transport Terminal). Provide the name and 11 character CLLI Code of the 3<sup>rd</sup> party and attach a Letter of Agency (LOA) from the provider. Complete sections 3 and 4 below.
- Check this box if CLEC is pulling in fiber facilities via Manhole "0" ⇒ If you have checked this method please complete items 2-4 of this section.
- Microwave ⇒ contact your Collocation Project Manager for details on rooftop leasing for microwave and skip to Section VIII.

2. Cable Information:

- A. Indicate the desired direction from where cable will originate or the desired "0" Manhole location(s).
- B. Has the right away or Licensing Agreements for this location been established (e.g., conduit)? Check Yes or No  
If agreements have been established provide the following information: Contract Number, Manhole "0" Number(s), Manhole "0" License Application and the date fiber will be placed in Manhole "0".
- C. Indicate if Diverse Route Entry is being requested (where available). Check Yes or No.

3. Cable Requirements:

- A. Indicate the number of cables to be placed in both the Feeder and Riser.
- B. Indicate the diameter of the cables required for both the Feeder and Riser.
- C. Indicate the number of fibers (i.e. 12, 24, etc.) required per cable for both the Feeder and Riser.

4. Cable Characteristics

- A. Enter the Cable Designation and Count.
- B. Name of Fiber Manufacturer.
- C. Type of Single Mode Fiber Used.
- D. Loss Decibels per Kilometer.

## **VIII. Customer's Vendor Selection:**

1. Enter the Company Name, Address, and Telephone Number of the Engineering Vendor.
2. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor that will be used for cable placement.
3. Enter the Company Name, Address, and Telephone Number of the Outside Plant Vendor that will be used for cable splicing.
4. Enter the Company Name, Address, and Telephone Number for the Equipment Installation

Vendor.

5. Enter the Company Name, Address, and Telephone Number of the Installation Vendor that will be used for riser cable.
6. Enter the Company Name, Address, and Telephone Number of the Vendor that will be used for Cage Construction.

Note: The CLEC is required to use a Hawaiian Telcom approved vendor, or a HTauthorized vendor to do work anywhere in the central office in HT Space.

**IX. Additional Comments/Notes:**

This field is to be populated with additional information that the applicant would like to convey to Hawaiian Telcom.

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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 and e-mail address]**

**Appendix A: List of Plug-Ins (Cards)**

Appendix A of the Collocation application - List all types of plug-ins that will be used for each shelf/system. Use a separate sheet for each different shelf/system. Provide the contact name, telephone number, fax number, and email address for questions related to this information. I

**APPENDIX B**

HAWAIIAN TELCOM COLLOCATION TARIFFS *	Tariff Code for the Application	PRODUCTS OFFERED
<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

\* **Note** – Please check with the State Commission to verify if a specific tariff is in effect.

### APPENDIX C

#### Ordering Increments for Cable Terminations

PRODUCT	TYPE	FCC 1 ORDERING INCREMENTS	FCC 11 ORDERING INCREMENTS	Hawaii PUC No.19 ORDERING INCREMENTS
Traditional Physical	DS3	N/A	N/A	1
	DS1	N/A	N/A	28
	2W VG	N/A	N/A	100
	LS**	N/A	N/A	1
	4W VG	N/A	N/A	
	FIBER*	N/A	N/A	
Virtual Hawaiian Telcom Installs	DS3	1	1	1
	DS1	28	28	28
	2W VG	# State Tariff	# State Tariff	100
	LS**	# State Tariff	# State Tariff	1
	4W VG	# State Tariff	# State Tariff	
	FIBER*	12	12	
Virtual CLEC Installs	DS3	1	1	1
	DS1	28	28	28
	2W VG	# State Tariff	# State Tariff	100
	LS**	# State Tariff	# State Tariff	1
	4W VG	# State Tariff	# State Tariff	
	FIBER*	12	12	
	FIBER*	N/A	N/A	

**N/A = Not Available**

\* 2 fibers = 1 transmit and 1 receive

\*\* 100 LS = Splitters/Customer Served

# Voice Grade service is not offered under tariff, and refer to the appropriate state tariff for voice grade cable terminations.

## See tariff for minimum ordering augment intervals.

Note: When completing Section IV – TYPE OF TERMINATION, REQUEST, AND CABLES TO BE PROVISIONED – please be sure to round up to the nearest ordering increment when indicating the number of terminations to be cabled. For example, if you are requesting 40 DS1s under a tariff where there is an ordering increment of 28, you must input 56 on the chart in section IV. If you input 40, Hawaiian Telcom will round to the nearest ordering increment, in this case 56, and will cable and bill accordingly.