

II. TRANSPORT FACILITY INTERCONNECTION

- 1) Please provide the **8 or 11 character** CLLI for each **Point of Interface (POI)** within the SBC local calling scope/lata, by address.

In each SBC Local Calling Scope/Lata	
CLLI	Street, Suite, City, State, Zip

- 2) If you have plans to **lease facilities** please list providers below: *(LOA will be required if other than SBC)*

Type	Quantity	Provider's Name

- 3) **Interconnection architecture?**

(Please Check All That Apply)

Physical Collocation		<i>Note: For Mid-span fiber meets, SBC's supplier of fiber optical terminal of equipment is Fujitsu.</i>
Virtual Collocation		
Leased Facilities		
Mid-span Fiber Meet		
Access Facilities		
Other		<i>(If part of interconnection agreement)</i> <i>(As mutually negotiated)</i>

- 4) Desired **Facility Interface Level**, please indicate quantities:

	Quantity	
DS1		<i>SONET is only applicable to Mid-Span Fiber Meets</i>
DS3		
OC3		
OC12		
OC48		

III. TRUNK INTERCONNECTION *(NOTE: ASR issuance by CLEC is preferred.)*

- * 1) An AIT / NB / PB / SNET / SWBT - CLEC **Interconnection Trunk Forecast** form is required for this interconnection. Trunking requirements for all ancillary services being ordered via SBC should be included on this form. Has this form been completed? **(Yes or No)**

2)

	(1) or (2) way
Local	
Intra LATA	
Combined Local/Intralata	
Inter LATA	(2) Way
E911	(1) Way, MF <input type="checkbox"/> or SS7 <input type="checkbox"/>
Choke	(1) Way
OS/DA	(1) Way
BLVI	(1) Way

(Exhibit 1 Form required in SWBT; negotiated E911 diagram required in PB & NB)
MF only

Remarks:

- 3) **Signaling System 7 (SS7) trunking is preferred.** Either 'A' or 'B'. Link connectivity is available. The Signal Transfer Points (STP's), their point codes and their alias point codes should be listed below. If the interconnecting office is an Analog Office, all trunks will be 56 kbps, and will not be capable of 64kbps Clear Channel Signaling. *If interconnecting in SWBT with SS7 trunking, SS7 Activity Form is required.*

SS7 Provider Name		
STP CLI	Point Code	Alias Point Code

Has SS7 Activity Form been completed? (SWBT only)
 (Yes or No)
 Date Submitted

If the SS7 provider is SBC, have you completed SS7 switch conformance testing with SBC? (check one)

Yes If yes, date testing completed:
 No If no, date testing scheduled:

If the SS7 provider is CLEC or a 3rd party, please list the current SBC STP CLIs to which provider is connected within lata to be served:

STP CLI	Point Code	Alias Point Code

IV. NETWORK FEATURES

- 1) **Directory Assistance Provider** Name ?

Operator Toll Provider Name?

If SBC is Providing either Directory Assistance or Operator services, an Operator Service Questionaire is required.
If Operator Service provider is other than SBC, is agreement in place for BLVI service? (Inward Appendix)

Yes
 No

- 2) Do you plan to provide **800 Service**? (check one)

Yes
 No

If yes, do you plan to do your own **database dip**? (check one)

Yes
 No

- 3) Your maintenance window for the network is:

From:
Until:
For: days of the week

V. **Form completed by:**
Title:
Telephone Number:
Email Address:

VI. In order to receive **Design Layout Records (DLR's)** please fill out the following information:

Design Routing Code (DRC):
Mailing Address: (Street)
 (City)
 (State, Zip)
Design / Implementation Contact: Person who receives DLR.
Telephone Number:

VII.

Coordination Contacts (An 800 number is preferred if available)

- 1) To **place orders for or request information** about trunks or facilities, SBC should call (ASR/provisioning contact):

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 2) To **test and turn up facilities**, SBC should call:

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 3) To **test and turn up trunks**, SBC should call:

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 4) To **coordinate call-through testing**, SBC should call:

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 5) To **report trouble with facilities**, SBC should call (24x7 operations contact preferred):

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 6) To **report trouble with trunks**, SBC should call (24x7 operations contact preferred):

Name: _____
Telephone: _____
FAX: _____
Address: _____

For Escalation: _____
Name: _____
Telephone: _____

- 7) **Trunk group service requests** (TGSRs) contact:

Name: _____
Telephone: _____
FAX: _____
Address: _____
Email Address: _____

For Escalation: _____
Name: _____
Telephone: _____