

CLEC/SBC C.O. BASED LINE SHARING TRIAL AGENDA

| | |
|--------------------|--|
| DATE | Tuesday, April 18, 2000 |
| TIME | 10:00 AM – 3:00 PM CST |
| PLACE | 3 Bell Plaza, 12th Floor, Room A |
| Bridge # | (800) 406-7410 |
| Access Code | 324 857 # |

Administrative/Executive Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|----------------|--|-----------------------------------|
| 8:00 – 9:45 AM | <ul style="list-style-type: none"> Review Admin/Exec Action Item Register | Bryan Loewen (via conf call only) |

Network/Engineering Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|---------------|---|----------------------|
| 10:00 - 10:30 | <ul style="list-style-type: none"> Deployment Schedule Update | Jeff Crosby |
| 10:30 – 12:00 | <ul style="list-style-type: none"> Service Assurance Issues <ul style="list-style-type: none"> - MLT Screen Prints - Enhanced Testing Discussions * | Michael Bellomy |
| 12:00 – 12:30 | <ul style="list-style-type: none"> Lunch | |
| 12:30 – 2:30 | <ul style="list-style-type: none"> Network Action Item Register | Jeff Crosby |
| 2:30 – 3:00 | <ul style="list-style-type: none"> Round Table and Next Meeting Agenda | All |

* Hekimian Testing Presentation is scheduled for Wednesday, April 19, 2000, 8:30 – 12:00 CST, at 4 Bell Plaza, 5th Floor, Room 1.

Systems Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|--------------|---|-----------------------------------|
| 3:00 – Close | <ul style="list-style-type: none"> Review Systems Action Item Register | Bryan Loewen (via conf call only) |

| Central Office | Cable feet from SPLITTER BAY to Distribution Frame | Cable feet from SPLITTER BAY to Collocation Area (CAGES) |
|-----------------------|--|---|
| Chicago LAKEVIEW--IL. | 350 | 75 |
| HINSDALE--IL | 200 | 50 |
| SAN FRANCISCO 12--CA | 175 | 10 |
| SAN JOSE 12--CA | 275 | 75 |
| Dallas ADDISON--TX | 50 | 30 |
| Dallas EMERSON--TX | 75 | 50 |
| NEW HAVEN--CT | 200 | 50 |

Agenda

SBC/CLEC Collaborative Line Sharing Trial

Tuesday January 25, 2000
9:30 AM to 5:00 PM PT
Location: Pacific Bell, 370 3rd St.
San Francisco, CA
Embarcadero Room

Facilitators: Bryan Loewen—SBC Product Management (Line Sharing)
Rod Cruz—SBC Wholesale Marketing
Allan Samson—SBC Network Services

Expected Attendees: *Rhythms, Link, NorthPoint, First World Communications, New Edge Networks, DSL.net, IP Communications, RCN, US Telepacific, Jato Communications, MCI WorldCom, Covad, ASI, AADS, US West Interprise, Arrival/ACN Communications, MGC, Allegiance, Pontio, Broadspan, Focal, New Path Communication, Pacific Commission Staff, Sprint, AT&T, Vectris, and Logix*

Objective: Establish guidelines for conducting an operational trial for the implementation of line sharing services in SBC's operating regions.

Agenda topics

8:45 – 9:30 AM

Continental Breakfast

9:30 AM

Welcome and Introductions

Bryan Loewen

9:45 AM

Overview and Objectives

Rod Cruz

- Team Structure
- Initial Central Offices
- Test Accounts
- Commencement Date
- Trial Length

10:15 AM

Architecture Discussion / Issues

Allan Samson

- Collocation/Augment Requirements
- Splitter Arrangement
- Vendor Selection
- Installation Timelines

11:45 AM

Lunch (will be provided)

1:00 PM

Trial Processes

Bryan Loewen

- **Pre-Ordering**
- **Ordering**
- **Provisioning**
- **Maintenance**
- **Billing**

3:00 PM

Wrap-Up / Expectations

All

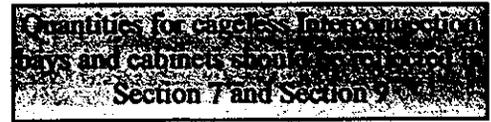
- **Questionnaire**
- **What's Next?**



PHYSICAL COLLOCATION APPLICATION FORM

Section 7 – Equipment Bay Requirements for Cageless Equipment

Completion of this section is required for standard and large bay/cabinet applications only.



- Bay(s) for initial equipment installation. Qty: _____
 Add Bay(s) to existing arrangement. Qty: 1
 Existing Bay location: _____
 Remove Bay(s) from an existing arrangement. Qty: _____
 Bay location being removed: _____

Standard Bay Large Bay

This information should match the Bay Elevation Front Equipment Drawing.

| | Bay 1 | | Bay 2 | | Bay 3 | | Bay 4 | | Bay 5 | | Bay 6 | | Bay 7 | | Bay 8 | |
|---|--------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|
| Bay to be provided by (I)LEC or (C)ollocator | I | | | | | | | | | | | | | | | |
| If ILEC to provide (Standard Bays Only) | | | | | | | | | | | | | | | | |
| Enter <u>maximum</u> overall dimensions of equipment to be installed | STD 7' | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |
| If Collocator to provide (Standard Bay, Large Bay, or Cabinet) | | | | | | | | | | | | | | | | |
| Bay or Cabinet Width ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Height ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Depth ¹ | | | | | | | | | | | | | | | | |
| Spacer Width* | | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |

Notes:

- ¹ - SBC's standard bay dimensions are 7'-0" high, and have a 23" interior width, 26" exterior width, and up to 15" deep. SBC's Large Bay/cabinet dimensions are 7'-0" high, 36" wide, 36" depth and may be available in Ameritech on NSCR. The cabinet has a swing radius of 36" on the front and back.
- ² - Equipment Overhang for bays placed: F = Front, R = Rear Indicate the number of inches that the equipment depth exceeds the bay depth on the front and/or rear of the bay, if applicable. It is preferred that the equipment mounted in the bay be flush mounted with the front of the bay, however the equipment must not be mounted beyond the lower front kickplate (normally 5") for appropriate egress. The total depth of bay, including equipment, should not exceed 15" for a standard bay.
- - The standard bay spacer Width is 5" inches between standard bays and 1" inch between large bays.

PHYSICAL COLLOCATION APPLICATION FORM

Section 9 -- Interconnection Requirements

Interconnection Bay/Cabinet to be placed? (Yes/No) _____

If Interconnection Bay/Cabinet is desired:

Is it to be provided by ILEC or Collocator

Qty _____ Cabinet or Bay

If application is for caged or shared cage, place Interconnection frame inside or outside of the cage.

If outside of cage, who will provide the cabling from the cage to the interconnect panels? ILEC or Collocator

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9. Caged Interconnection Bays should be reflected here only.

Indicate the quantities of interconnection terminations required

| Qty Ordered* | Type | Ordering Increments by State | | | | | |
|-----------------|---------------------------------|------------------------------|-----|--------------------|-----|-----|-----|
| | | AR, KS, MO, OK, | TX | IL, IN, WI, OH, MI | CA | NV | CT |
| 200 prs/8 25 pr | Copper Cable Shielded Pairs | 100 | 100 | 100 | 1 | 1 | 100 |
| 100 prs/4 25 pr | Copper Cable Non-Shielded Pairs | 100 | 100 | 100 | N/A | N/A | 250 |
| | DS-1 Shielded Cable (ckts) | 28 | 28 | 56 | 1 | 1 | 1 |
| | DS-3 (ckts) | 1 | 1 | 1 | 1 | 1 | 1 |
| | Fiber optics (strands) | 12 | 24 | 24 | 1 | 1 | N/A |
| | Fiber optics (OC3C) (Strands) | N/A | N/A | N/A | 1 | 1 | N/A |

* Qty Ordered should be total of Ordering Increments (e.g. 500 for 500 VG pairs, 56 for 56 DS-1 shielded)

Shielded cable = shielded exterior sheath required

Special Requirements/Remarks

TERM ON IDF/MDF including San Francisco "12" Central Office---using 89 Type BLOCKS---see TSD for stencil format

LINE SHARING TRIAL

Interconnection Panel Information

| Number of Interconnection Panel(s) | Interconnection Panel(s), including blocks, to be provided by (I) ILEC or (C) Collocator | Location(s) by bay and position within bay where terminations will be made, regardless of who provides panels or whether Interconnection Frame is used. |
|------------------------------------|--|---|
| Copper Cable (Non-Shielded) | | |
| Copper Cable (Shielded) | | |
| DS1 | | |
| DS3 | | |
| Fiber | | |

Use the table below to answer questions about SBC's Standard Interconnection Panel arrangements.

| Std Interconnection Panels | Capacity Per Panel | | | | | |
|----------------------------|--------------------|----------------|-----|------------|--------------------|----|
| | AR | KS, MO, OK, TX | CT | CA, NV | OH, WI, IN, IL, MI | |
| Copper Cable | 500 | 500 | 500 | 500 | NA | NA |
| (Height in Inches) | 6 | 6 | 6 | 6 | NA | NA |
| DS-1 | 84 | 84 | 84 | 56 | 84 | 56 |
| (Height in Inches) | 7 | 4 | 6 | 4 | 5 | 4 |
| DS-3 | 24 | 24 | 32 | 24 | 24 | 24 |
| (Height in Inches) | 4 | 4 | 7 | 6 | 6 | 6 |
| Fiber optics (strands) | 24 (ST SM) | 24 (ST SM) | NA | 16 (SC-SM) | NA | NA |
| (Height in Inches) | 7 | 7 | NA | 8 | NA | NA |

PHYSICAL COLLOCATION APPLICATION FORM



LINE SHARING TRIAL

Date Prepared: February 15, 2000

Section 1 - General Information

Collocator: COVAD COMMUNICATIONS COMPANY ACNA: OVC
Address: 2330 CENTRAL EXPRESSWAY, BLDG B ON#: _____
City / State / ZIP SANTA CLARA, CA 95050

Section 2 - Collocation Information

Collocation Location: CHICAGO LAKEVIEW
CLL: CHCGILLW Address: 3532 NORTH SHEFFIELD AVENUE
City / State / ZIP: LAKEVIEW, IL 60657

Request Type (check one): Interstate Tariff (Tariff # _____)
 State Tariff (Tariff # _____)
 Interconnection agreement (Ameritech States -Check Applicable Type used W/706 ___ NEC ___)

For *other* types of agreements, list term desired: month-to-month -or- Years (# Years _____)

Section 3 - Collocation Request Type (Check all that apply)

- New Arrangement Installation
 - Augmentation to an existing arrangement
LINE SHARING TRIAL
 - Existing arrangement, partial additions, disconnects and/or removal of collocator's equipment
 - Existing arrangement, complete disconnect and removal of collocator's equipment
 - Collocator to collocator interconnection within this location
 - Revision number ___ to current application submitted ___/___/___
Revision date ___/___/___ Revised Sections _____
- Check if for Shared Cage
Other Shared Cage Applicants ACNAs _____
Augment location: CHCGILLW
BAN# _____

| Application Fee Req'd |
|-----------------------|
| Refer to Instructions |
| Yes |
| ILEC will notify |
| No |
| Yes |
| ILEC will notify |

NO FEE REQUIRED—LINE SHARING TRIAL

Remarks to further clarify type of request:

PHYSICAL COLLOCATION APPLICATION FORM

Section 5 - Floor Space Requirements

Note: Application processing will not begin until a complete and accurate Floor Plan and a Front Equipment View Drawing (Front Elevation) has been provided.

| Choice | Collocation Arrangement Priority: | | | | Floor Space Reqm'ts (Sq Ft)* |
|-------------------|-----------------------------------|--------------------------------------|-----------------------------------|---|---------------------------------|
| | Check Here | Check Here | Check Here | Check Here | |
| First | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input checked="" type="checkbox"/> Other | 10 sq. ft |
| Second (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | _____ |
| Third (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | _____ |

If second and third options are listed, all information should be provided for each option.

*See worksheet in instructions, must include any POT bay requirements.

If Other is checked, please describe in detail (provide complete description of your arrangement): _____

SBC IS TO PLACE ONE STANDARD BAY IN COMMON AREA ALONG WITH 12 CABLES, 8 SHIELDED AND 4 UNSHIELDED, FROM BAY LOCATION TO IDF/MDF.

Space requirement per standard bay is 10 square feet in a lineup of equipment. Space requirement per large bay/cabinet is 18 square feet in a lineup of equipment and may be available in Ameritech on NSCR. Floor space requirements should include floor space for any POT Bay requirements. (Aisle space is included in space requirement per bay/cabinet).

FOR CAGED OR SHARED CAGE AREA OPTIONS ONLY:

Indicate if the CLEC desires the ILEC to provide the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to remove the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to rearrange existing Fencing (Y/N)? _____

List additional tarified or desired options:

| Date | Day of Week | Time | Type of Meeting | Location | Conference Call Number |
|---------|-------------|--------------------------------|-----------------------|--|------------------------------|
| 4/5/00 | Wednesday | 8:30am - 5:00pm (Central) | Network/Engineering | 3 Bell Plaza 12th floor conference room "C" | 1-800-406-7410, (324857#) |
| 4/7/00 | Friday | 10:00am - 11:30am (Central) | Systems | Conference Call | 1-800-406-7410, (324857#) |
| 4/12/00 | Wednesday | 8:00am - 5:00pm (Central) | Admin/Systems/Network | 1 Bell, Gallery Room 5 (Dallas) | 1-800-406-7410, (324857#) |
| 4/18/00 | Tuesday | 8:00am - 5:00pm (Central) | Admin/Systems/Network | 3 Bell, 12th Floor Room "A" (Dallas) | 1-800-406-7410, (324857#) |
| 4/26/00 | Wednesday | 8:00am - 5:00pm (Central) | Admin/Systems/Network | Dallas, TBD | 1-800-406-7410, (324857#) |

OFFICES WITH NO COLLOCATION

TEXAS

FRNYTXHI
RDOKTXHO
MCKNTXWE
AUSTTXRR

KANSAS

CFVLKS10
DDCYKS01
ARCYKSSO
EMPRKS08
GRCYKS07
GRTBKSST
WCHTKSAH
LBRLKS04
NWTNKS05
PSBGKSLO

MISSOURI-EAST

STLSMO45
TWACMOAB
MXVLM060
HGRGMO56
STCLMOMA
FRTNMOPL
FRTWMOST
FLRVMOGE
SKSTMGR
PPBLMOSU
OSBHMOFI
BNTRMOFL
CMTNMODI
DESTMOGI
FLTNMOMI
HNBLMOAC
HSBNMOHB
JCSNMOCI
MEXCMOJU
PCFCMO61
PRVLMOLI
SNBHMOFR
UNINMOLU

MISSOURI-WEST

KKVLMOMO
EXSPMOME
MBRLMOAM
SDLIMOTA

MICHIGAN

DTRTMIBH
LOS ANGELES
LSANCA02

PLDLCA11
LSANCA03
CSTCCA11
SAN DIEGO
SNGNCA11
SACRAMENTO
FETNCA11
SKTNCA12
BKFDCA11
CLSTCA11
SKTNCA14
ANGWCA11
BLCKCA11
DIXNCA11
CONNECTICUT
CHSHCT01

PHYSICAL COLLOCATION APPLICATION FORM



LINE SHARING TRIAL

Date Prepared: February 15, 2000

Section 1 - General Information

Collocator: COVAD COMMUNICATIONS COMPANY ACNA: OVC
Address: 2330 CENTRAL EXPRESSWAY, BLDG B ON#: _____
City / State / ZIP SANTA CLARA, CA 95050

Section 2 - Collocation Information

Collocation Location: SAN FRANCISCO 12
CLLI: SNFCCA12 Address: 2345 PINE STREET
City / State / ZIP: SAN FRANCISCO, CA 94115

Request Type (check one): Interstate Tariff (Tariff # _____)
 State Tariff (Tariff # _____)
 Interconnection agreement (Ameritech States - Check Applicable Type used W/706 ___ NEC ___)

For *other* types of agreements, list term desired: month-to-month -or- Years (# Years _____)

Section 3 - Collocation Request Type (Check all that apply)

- New Arrangement Installation
- Check if for Shared Cage
Other Shared Cage Applicants ACNAs _____
- Augmentation to an existing arrangement
LINE SHARING TRIAL Augment location: SNFCCA12
BAN# _____
- Existing arrangement, partial additions, disconnects and/or removal of collocator's equipment
- Existing arrangement, complete disconnect and removal of collocator's equipment
- Collocator to collocator interconnection within this location
- Revision number ___ to current application submitted ___/___/___
Revision date ___/___/___ Revised Sections _____

| Application Fee Req'd |
|-----------------------|
| Refer to Instructions |
| Yes |
| ILEC will notify |
| No |
| Yes |
| ILEC will notify |

NO FEE REQUIRED—LINE SHARING TRIAL

Remarks to further clarify type of request: _____

PHYSICAL COLLOCATION APPLICATION FORM

Section 5 - Floor Space Requirements

Note: Application processing will not begin until a complete and accurate Floor Plan and a Front Equipment View Drawing (Front Elevation) has been provided.

Collocation Arrangement Priority:

| Choice | Check Here | Check Here | Check Here | Check Here | Floor Space Reqm'ts (Sq Ft)* |
|-------------------|-------------------------------|--------------------------------------|-----------------------------------|---|------------------------------|
| First | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input checked="" type="checkbox"/> Other | 10 sq. ft |
| Second (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | _____ |
| Third (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | _____ |

If second and third options are listed, all information should be provided for each option.

*See worksheet in instructions, **must** include any POT bay requirements.

If Other is checked, please describe in detail (provide complete description of your arrangement): _____

SBC IS TO PLACE ONE STANDARD BAY IN COMMON AREA ALONG WITH 12 CABLES, 8 SHIELDED AND 4 UNSHIELDED, FROM BAY LOCATION TO IDF/MDF.

Space requirement per standard bay is 10 square feet in a lineup of equipment. Space requirement per large bay/cabinet is 18 square feet in a lineup of equipment and may be available in Ameritech on NSCR. Floor space requirements should include floor space for any POT Bay requirements. (Aisle space is included in space requirement per bay/cabinet).

FOR CAGED OR SHARED CAGE AREA OPTIONS ONLY:

Indicate if the CLEC desires the ILEC to provide the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to remove the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to rearrange existing Fencing (Y/N)? _____

List additional tariffed or desired options:

PHYSICAL COLLOCATION APPLICATION FORM

Section 7 – Equipment Bay Requirements for Cageless Equipment

Completion of this section is required for standard and large bay/cabinet applications only.

Quantities for cageless interconnection bays and cabinets should be reflected in Section 7 and Section 9

Standard Bay Large Bay

- Bay(s) for initial equipment installation. Qty: _____
- Add Bay(s) to existing arrangement. Qty: 1
- Existing Bay location: _____
- Remove Bay(s) from an existing arrangement. Qty: _____
- Bay location being removed: _____

This information should match the Bay Elevation Front Equipment Drawing.

| | Bay 1 | Bay 2 | Bay 3 | Bay 4 | Bay 5 | Bay 6 | Bay 7 | Bay 8 | | | | | | |
|---|--------|-------|-------|-------|-------|-------|-------|-------|---|---|---|---|---|---|
| Bay to be provided by (I)LEC or (C)ollocator | I | | | | | | | | | | | | | |
| If ILEC to provide (Standard Bays Only) | | | | | | | | | | | | | | |
| Enter maximum overall dimensions of equipment to be installed | STD 7' | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| If Collocator to provide (Standard Bay, Large Bay, or Cabinet) | | | | | | | | | | | | | | |
| Bay or Cabinet Width ¹ | | | | | | | | | | | | | | |
| Bay or Cabinet Height ¹ | | | | | | | | | | | | | | |
| Bay or Cabinet Depth ¹ | | | | | | | | | | | | | | |
| Spacer Width* | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | |

Notes:

- ¹ - SBC's standard bay dimensions are 7'-0" high, and have a 23" interior width, 26" exterior width, and up to 15" deep. SBC's Large Bay/cabinet dimensions are 7'-0" high, 36" wide, 36" depth and may be available in Ameritech on NSCR. The cabinet has a swing radius of 36" on the front and back.
 - ² - Equipment Overhang for bays placed: F = Front, R = Rear Indicate the number of inches that the equipment depth exceeds the bay depth on the front and/or rear of the bay, if applicable. It is preferred that the equipment mounted in the bay be flush mounted with the front of the bay, however the equipment must not be mounted beyond the lower front kickplate (normally 5") for appropriate egress. The total depth of bay, including equipment, should not exceed 15" for a standard bay.
- - The standard bay spacer Width is 5" inches between standard bays and 1" inch between large bays.

PHYSICAL COLLOCATION APPLICATION FORM

Section 9 -- Interconnection Requirements

Interconnection Bay/Cabinet to be placed? (Yes/No) _____

If Interconnection Bay/Cabinet is desired:

Is it to be provided by ILEC or Collocator

Qty _____ Cabinet or Bay

If application is for caged or shared cage, place Interconnection frame inside or outside of the cage.

If outside of cage, who will provide the cabling from the cage to the interconnect panels? ILEC or Collocator

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9. Caged Interconnection Bays should be reflected here only.

Indicate the quantities of interconnection terminations required

| Qty Ordered* | Type | Ordering Increments by State | | | | | |
|-----------------|---------------------------------|------------------------------|-----|--------------------|-----|-----|-----|
| | | AR, KS, MO, OK, | TX | IL, IN, WI, OH, MI | CA | NV | CT |
| 200 prs/8 25 pr | Copper Cable Shielded Pairs | 100 | 100 | 100 | 1 | 1 | 100 |
| 100 prs/4 25 pr | Copper Cable Non-Shielded Pairs | 100 | 100 | 100 | N/A | N/A | 250 |
| | DS-1 Shielded Cable (ckts) | 28 | 28 | 56 | 1 | 1 | 1 |
| | DS-3 (ckts) | 1 | 1 | 1 | 1 | 1 | 1 |
| | Fiber optics (strands) | 12 | 24 | 24 | 1 | 1 | N/A |
| | Fiber optics (OC3C) (Strands) | N/A | N/A | N/A | 1 | 1 | N/A |

* Qty Ordered should be total of Ordering Increments (e.g. 500 for 500 VG pairs, 56 for 56 DS-1 shielded)
Shielded cable = shielded exterior sheath required

Special Requirements/Remarks

TERM ON IDF/MDF including San Francisco "12" Central Office---using 89 Type BLOCKS---see TSD for stencil format

LINE SHARING TRIAL

Interconnection Panel Information

| Number of Interconnection Panel(s) | Interconnection Panel(s), including blocks, to be provided by (I)LEC or (C)ollocator | Location(s) by bay and position within bay where terminations will be made, regardless of who provides panels or whether Interconnection Frame is used. |
|------------------------------------|--|---|
| Copper Cable (Non-Shielded) | | |
| Copper Cable (Shielded) | | |
| DS1 | | |
| DS3 | | |
| Fiber | | |

Use the table below to answer questions about SBC's Standard Interconnection Panel arrangements.

| Std Interconnection Panels | Capacity Per Panel | | | | | |
|----------------------------|--------------------|-------------|-----|------------|----------------|----|
| | AR | KS,MO,OK,TX | CT | CA,NV | OH,WI,IN,IL,MI | |
| Copper Cable | 500 | 500 | 500 | 500 | NA | NA |
| (Height in Inches) | 6 | 6 | 6 | 6 | NA | NA |
| DS-1 | 84 | 84 | 84 | 56 | 84 | 56 |
| (Height in Inches) | 7 | 4 | 6 | 4 | 5 | 4 |
| DS-3 | 24 | 24 | 32 | 24 | 24 | 24 |
| (Height in Inches) | 4 | 4 | 7 | 6 | 6 | 6 |
| Fiber optics (strands) | 24 (ST SM) | 24 (ST SM) | NA | 16 (SC-SM) | NA | NA |
| (Height in Inches) | 7 | 7 | NA | 8 | NA | NA |

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

DRAFT



Line Sharing - Phase 1 & Phase 2 ONLY Does NOT include Sections 8, 10 & 11

Date Prepared: _____

Section 1 - General Information

Collocator: _____ ACNA: _____
Address: _____ ON#: _____
City / State / ZIP: _____

Section 2 - Collocation Information

Collocation Location: _____
CLLI: _____ Address: _____
City / State / ZIP: _____

Request Type (check one):
[] Interstate Tariff (Tariff # _____)
[] State Tariff (Tariff # _____)
[] Interconnection agreement (Ameritech States -Check Applicable Type used W/706 ___ NEC ___)

For other types of agreements, list term desired: [] month-to-month -or- [] Years (# Years _____)

Section 3 - Collocation Request Type (Check all that apply)

[] New Arrangement Installation [] Check if for Shared Cage
[] Augmentation to an existing arrangement Augment location: _____
[] Existing arrangement, partial additions, disconnects and/or removal of collocator's equipment
[] Designate EXISTING CFA Cabling for LINE SHARING--MEDD (see section 9)
[] Revision number ___ to current application submitted ___/___/___
Revision date ___/___/___ Revised Sections _____

Table with Application Fee Req'd, Refer to Instructions, Yes, ILEC will notify, No, ILEC will notify

Remarks to further clarify type of request: LINE SHARING "roll out" Phase 1 and 2 ONLY

DRAFT

Section 4 - Contact Information

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

APPLICATION CONTACT NAME: _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

SERVICE IMPLEMENTATION CONTACT NAME: _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

TECHNICAL/ENGINEERING CONTACT NAME: _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

NON-RECURRING CHARGES BILLING CONTACT NAME: _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

RECURRING CHARGES BILLING CONTACT NAME (IF DIFFERENT): _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

FACILITY CONTACT NAME (INVENTORY ASSIGNMENT): _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

24-HOUR CONTACT NUMBER (in the event of an Emergency or Network Failure): _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

NOTICE MAILED TO ADDRESS (All notices or other communications to be given in writing): _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

CONTACT NAME FOR OSP CABLE INFORMATION: _____
ADDRESS: _____
CITY / STATE: /ZIP _____
PHONE: _____ FAX: _____ EMAIL: _____

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

Section 5 - Floor Space Requirements

Note: Application processing will not begin until a complete and accurate Floor Plan and a Front Equipment View Drawing (Front Elevation) has been provided.

Collocation Arrangement Priority:

| Choice | Check Here | Check Here | Check Here | Check Here | Floor Space Reqm'ts (Sq Ft)* |
|-------------------|-------------------------------|--------------------------------------|-----------------------------------|----------------------------------|------------------------------|
| First | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Virtual | _____ |
| Second (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Virtual | _____ |
| Third (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Virtual | _____ |

If second and third options are listed, all information should be provided for each option.

*See worksheet in instructions, **must** include any POT bay requirements.

Space requirement per standard bay is 10 square feet in a lineup of equipment. Space requirement per large bay/cabinet is 18 square feet in a lineup of equipment and may be available in Ameritech on NSCR. Floor space requirements should include floor space for any POT Bay requirements. (Aisle space is included in space requirement per bay/cabinet).

FOR CAGED OR SHARED CAGE AREA OPTIONS ONLY:

Indicate if the CLEC desires the ILEC to provide the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to remove the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to rearrange existing Fencing (Y/N)? _____

List additional tariffed or desired options:

Section 6 – Equipment to be Installed or Removed by Applicant

Complete columns 1 through 11 for all equipment to be installed or removed by the applicant. Duplicate this table as required.

| | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|-------------|------------------------|-----------|--------------------|----------------|------------------|------------------------|-----------------------|-------------------|----------------------|--------------------|
| Bay No. (A) | Equipment Manufacturer | Model No. | CLEI / Description | Quantity Added | Quantity Removed | Heat Dissipation WATTS | Heat Dissipation BTUs | Floor Loading (B) | Level (1) Yes/No (C) | Total DC Power (D) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

A: Show bay number on the attached floor plan layout.

B: Floor loading for item in Column 4 in Pounds per Square Foot

C: Does this equipment meet applicable safety requirements? **Verification and approval is necessary by ILEC prior to installation.**

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

Section 7 – Equipment Bay Requirements for Cageless/Virtual Equipment

Completion of this section is required for standard and large bay/cabinet applications only.

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9

Standard Bay Large Bay

- Bay(s) for initial equipment installation. Qty: _____
- Add Bay(s) to existing arrangement. Qty: _____
- Existing Bay location: _____
- Remove Bay(s) from an existing arrangement. Qty: _____
- Bay location being removed: _____

This information should match the Bay Elevation Front Equipment Drawing.

| | Bay 1 | | Bay 2 | | Bay 3 | | Bay 4 | | Bay 5 | | Bay 6 | | Bay 7 | | Bay 8 | |
|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|
| Bay to be provided by (I)LEC or (C)ollocator | | | | | | | | | | | | | | | | |
| If ILEC to provide (Standard Bays Only) | | | | | | | | | | | | | | | | |
| Enter <u>maximum</u> overall dimensions of equipment to be installed | | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |
| If Collocator to provide (Standard Bay, Large Bay, or Cabinet) | | | | | | | | | | | | | | | | |
| Bay or Cabinet Width ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Height ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Depth ¹ | | | | | | | | | | | | | | | | |
| Spacer Width* | | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |

Notes:

- ¹ – SBC's standard bay dimensions are 7'-0" high, and have a 23" interior width, 26" exterior width, and up to 15" deep. SBC's Large Bay/cabinet dimensions are 7'-0" high, 36" wide, 36" depth and may be available in Ameritech on NSCR. The cabinet has a swing radius of 36" on the front and back.
- ² - Equipment Overhang for bays placed: F = Front, R = Rear Indicate the number of inches that the equipment depth exceeds the bay depth on the front and/or rear of the bay, if applicable. It is preferred that the equipment mounted in the bay be flush mounted with the front of the bay, however the equipment must not be mounted beyond the lower front kickplate (normally 5") for appropriate egress. The total depth of bay, including equipment, should not exceed 15" for a standard bay.
- - The standard bay spacer Width is 5" inches between standard bays and 1" inch between large bays.

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

D
R
A
F
T

Section 9 -- Interconnection Requirements

Interconnection Bay/Cabinet to be placed? (Yes/No) _____

If Interconnection Bay/Cabinet is desired:

Is it to be provided by ILEC or Collocator

Qty _____ Cabinet or Bay

If application is for caged or shared cage, place Interconnection frame inside or outside of the cage.

If outside of cage, who will provide the cabling from the cage to the interconnect panels? ILEC or Collocator

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9. Caged Interconnection Bays should be reflected here only.

Indicate the quantities of interconnection terminations required:

| Qty Ordered* | Type | Ordering Increments by State | | | | | |
|--------------|---------------------------------|------------------------------|-----|--------------------|-----|-----|-----|
| | | AR, KS, MO, OK, | TX | IL, IN, WI, OH, MI | CA | NV | CT |
| | Copper Cable Shielded Pairs | 100 | 100 | 100 | 1 | 1 | 100 |
| | Copper Cable Non-Shielded Pairs | 100 | 100 | 100 | N/A | N/A | 250 |

* Qty Ordered should be total of Ordering Increments (e.g. 500 for 500 VG pairs, 56 for 56 DS-1 shielded)
Shielded cable = shielded exterior sheath required

Special Requirements/Remarks

LINE SHARING "roll out" Phase 1 and 2 ONLY

Cable Information specific to Line Sharing

USE EXISTING Interconnection Cabling (DS0 CFAs) for Misc. Equip. Office Equip. (MEOE) & Misc. Equip. Cust. Prem. (MECP) – MINIMUM 100 pair, contiguous, compliments for each—
Requires re-stenciling of BLOCKS on Distribution Frame

EXISTING CFA Format

Cable Pair range (e.g. 101 to 200)

| | | |
|-------------|--|--|
| MECP | | |
| MEOE | | |

DESIGNATE EXISTING Interconnection Cabling (DS0 CFAs) for Misc. equip. DLEC Data (MEDD)
EXISTING CFA Format Cable Pair range (e.g. 101 to 200)

| | | |
|-------------|--|--|
| MEDD | | |
|-------------|--|--|

INSTALL NEW Cabling for MEOE, MECP and/or MEDD

MEOE & MECP Only

MEDD Only

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

D
R
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Section 12 -- Collocator Vendor Information

Vendor(s) not currently identified, but will be provided before space turnover

Cable Placing Vendor: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Equipment Installation Vendor 1: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Equipment Installation Vendor 2: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Engineering Vendor: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Equipment Manufacturer1: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Equipment Manufacturer2: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Equipment Manufacturer3: _____

Address: _____

City/State/ZIP _____

Phone: _____ FAX: _____ e-mail: _____

Attach additional sheets if necessary

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

Section 13 -- Forecasted Requirements (Optional)

D
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Forecasts are for planning purposes only and will not be used for provisioning space or interconnection arrangements.

| Item | Forecasted Cumulative Requirements | | | | |
|-------------------------------------|------------------------------------|----------------------|----------------------|----------------------|----------------------|
| | 1 st Year | 2 nd Year | 3 rd Year | 4 th Year | 5 th Year |
| Caged Floor Space | | | | | |
| Standard Bay (Cageless - # of Bays) | | | | | |
| Copper Cable Non-Shielded Pairs | | | | | |
| Copper Cable Shielded Pairs | | | | | |

Section 14 - Insurance Information

PROOF OF INSURANCE REFLECTING COVERAGE DELINEATED IN THE APPLICABLE TARIFFS OR INTERCONNECTION AGREEMENT MUST BE PROVIDED. PLEASE ATTACH AN ORIGINAL COPY OF PROOF OF INSURANCE FOR THE FIRST COLLOCATION PROJECT WITH THE ILEC. IF NOT ATTACHED, AN ORIGINAL COPY MUST BE PROVIDED BEFORE ENTRANCE TO THE PREMISES IS PERMITTED.

IF PROOF OF INSURANCE PREVIOUSLY PROVIDED TO THE ILEC:

Policy Number: _____

Insurance Carrier: _____

Expiration Date: _____

Section 15 -- Attachments

List attachments and the number of pages for each attachment

| Attachment Name | Number of Pages |
|--|-----------------|
| • Front Equipment View/Front Elevation (Required for all applications) | |
| • Floor Plan Drawing (Required for all applications) | |
| • Proof of Insurance (Required for all applications) | |
| • Diagram of Entrance Facility (If Applicable) | |
| • | |
| • | |
| • | |
| • | |
| • | |
| • | |
| • | |

Section 16 -- Miscellaneous

Please provide a narrative that will better describe any requirement that is not clear:

| |
|--|
| |
| |
| |

PHYSICAL/VIRTUAL COLLOCATION APPLICATION FORM

(Collocator E, F, and I Owned Equipment by SBC Approved Vendor) for VIRTUAL

D
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Send completed application(s) and applicable fees in the following States to:

(MO., AR., KS., OK., CA., NV., CT.)

SBC ICSC

Collocation Group

2180 Glenville, 2nd Floor

Richardson, Texas 75082

(OH., WI., IN., IL., MI.)

SBC AISSC

Collocation Team

804 N. Milwaukee

Milwaukee, Wisconsin 53202

| ITEM # | ISSUE | ASSIGNED TO | DATE | DATE DUE | STATUS/RESULT | DATE CLOSED |
|--------|--|----------------------------------|---------|---------------|--|-------------|
| | Loop Make up fields required by CLECs- Ann Lopez to send list to all. Updates to Ann. Ann to return to SBC | Ann Lopez/Rhythms | 2/4/00 | 2/10/00 | Completed on schedule | |
| | Agenda to be provided before meetings | Bryan Loewen | 2/7/00 | Every meeting | 2/14/00 Status: None to date | |
| | SBC to provide documentation for loop qual process by region | Bryan Loewen | 2/14/00 | 2/18/00 | | |
| | SBC to provide documentation for loop Make up process by region | Bryan Loewen | 2/14/00 | 2/18/00 | | |
| | Is Ameritech loop qual process the same for all five states | Bryan Loewen | 2/14/00 | 2/18/00 | | |
| | Need detailed instructions for line sharing LSR for all scenarios | Anna Young | 2/14/00 | | | |
| | Need detailed instructions for BAN establishment - All regions | Anna Young | 2/14/00 | 2/18/00 | | |
| | Need billing Elements for Line sharing | Bryan Loewen | 1/25/00 | | 2/14/00 Status: No information to date. | |
| | SBC to provide Line Share LSC/LOC contact list by region. Need contact up to Director Level. | Anna Young/Kim Hamm/Bryan Loewen | 2/7/00 | | 02/14/2000 Status: Over Due no commit date | |
| | CLECs request consolidated Line share Hand book | Bryan Loewen | 2/14/00 | | | |

| ITEM # | ISSUE | ASSIGNED TO | DATE | DATE DUE | STATUS/RESULT | DATE CLOSED |
|--------|--|-------------------------------|---------|----------|---|-------------|
| | Need timeline for Line Sharing Trial Phase 1 | Bryan Loewen | 2/4/00 | | 2/14/2000 Status: Over Due No Commit date | |
| | Need complete documentation and application for all Line Share collocation scenarios | Dennis Neeley | 2/11/00 | | | |
| | Need to determine Phase 2 line sharing scenarios | Bryan Loewen/Allan Samson/All | 2/4/00 | | 2/14/2000 Status: Over Due No Commit date | |
| | Need Repair scenarios documented and presented | SBC | 2/14/00 | | | |
| | Collocation- Need list of Collocation Points of Contact for all regions for initial collocation request as well as augments | unassigned | 2/14/00 | | | |
| | Need Time intervals for collocation augments by regions for cabling of DSO's | unassigned | 2/14/00 | | | |
| | Testing: Need step by step process for Test procedures. Examples: Data not up at turn up/Data up voice down/Voice up Data down/isolation process/contact numbers all regions | unassigned | 2/14/00 | | | |

PHYSICAL COLLOCATION APPLICATION FORM



LINE SHARING TRIAL

Date Prepared: February 15, 2000

Section 1 - General Information

Collocator: COVAD COMMUNICATIONS COMPANY ACNA: OVC
Address: 2330 CENTRAL EXPRESSWAY, BLDG B ON#: _____
City / State / ZIP SANTA CLARA, CA 95050

Section 2 - Collocation Information

Collocation Location: DALLAS ADDISON
CLLI: DLLSTXAD Address: 5820 ALPHA ROAD
City / State / ZIP: ADDISON, TX 75240

Request Type (check one): Interstate Tariff (Tariff # _____)
 State Tariff (Tariff # _____)
 Interconnection agreement (Ameritech States -Check Applicable Type used W/706 ___ NEC ___)

For *other* types of agreements, list term desired: month-to-month -or- Years (# Years _____)

Section 3 - Collocation Request Type (Check all that apply)

- New Arrangement Installation Check if for Shared Cage
Other Shared Cage Applicants ACNAs _____
- Augmentation to an existing arrangement Augment location: DLLSTXAD
LINE SHARING TRIAL BAN# _____
- Existing arrangement, partial additions, disconnects and/or removal of collocator's equipment
- Existing arrangement, complete disconnect and removal of collocator's equipment
- Collocator to collocator interconnection within this location
- Revision number __ to current application submitted __/__/__
Revision date __/__/__ Revised Sections _____

| Application Fee Req'd |
|-----------------------|
| Refer to Instructions |
| Yes |
| ILEC will notify |
| No |
| Yes |
| ILEC will notify |

NO FEE REQUIRED—LINE SHARING TRIAL

Remarks to further clarify type of request: _____

PHYSICAL COLLOCATION APPLICATION FORM

Section 5 - Floor Space Requirements

Note: Application processing will not begin until a complete and accurate Floor Plan and a Front Equipment View Drawing (Front Elevation) has been provided.

| Choice | Collocation Arrangement Priority: | | | | Floor Space Reqm'ts (Sq Ft)* |
|-------------------|-----------------------------------|--------------------------------------|-----------------------------------|---|------------------------------|
| | Check Here | Check Here | Check Here | Check Here | |
| First | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input checked="" type="checkbox"/> Other | 10 sq. ft |
| Second (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | |
| Third (optional) | <input type="checkbox"/> Cage | <input type="checkbox"/> Shared Cage | <input type="checkbox"/> Cageless | <input type="checkbox"/> Other | |

If second and third options are listed, all information should be provided for each option.

*See worksheet in instructions, must include any POT bay requirements.

If Other is checked, please describe in detail (provide complete description of your arrangement):
SBC IS TO PLACE ONE STANDARD BAY IN COMMON AREA ALONG WITH 12 CABLES, 8 SHIELDED AND 4 UNSHIELDED, FROM BAY LOCATION TO IDF/MDF.

Space requirement per standard bay is 10 square feet in a lineup of equipment. Space requirement per large bay/cabinet is 18 square feet in a lineup of equipment and may be available in Ameritech on NSCR. Floor space requirements should include floor space for any POT Bay requirements. (Aisle space is included in space requirement per bay/cabinet).

FOR CAGED OR SHARED CAGE AREA OPTIONS ONLY:

Indicate if the CLEC desires the ILEC to provide the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to remove the Fencing (Y/N)? _____

Indicate if the CLEC desires the ILEC to rearrange existing Fencing (Y/N)? _____

List additional tariffed or desired options:

PHYSICAL COLLOCATION APPLICATION FORM

Section 7 – Equipment Bay Requirements for Cageless Equipment

Completion of this section is required for standard and large bay/cabinet applications only.

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9

- | | | | |
|-------------------------------------|---|--------------|-----------|
| | | Standard Bay | Large Bay |
| <input type="checkbox"/> | Bay(s) for initial equipment installation. | Qty: | _____ |
| <input checked="" type="checkbox"/> | Add Bay(s) to existing arrangement. | Qty: | 1 |
| | Existing Bay location: | | _____ |
| <input type="checkbox"/> | Remove Bay(s) from an existing arrangement. | Qty: | _____ |
| | Bay location being removed | | _____ |

This information should match the Bay Elevation Front Equipment Drawing.

| | Bay 1 | | Bay 2 | | Bay 3 | | Bay 4 | | Bay 5 | | Bay 6 | | Bay 7 | | Bay 8 | |
|---|--------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|
| Bay to be provided by (I)LEC or (C)ollocator | I | | | | | | | | | | | | | | | |
| If ILEC to provide (Standard Bays Only) | | | | | | | | | | | | | | | | |
| Enter <u>maximum</u> overall dimensions of equipment to be installed | STD 7' | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |
| If Collocator to provide (Standard Bay, Large Bay, or Cabinet) | | | | | | | | | | | | | | | | |
| Bay or Cabinet Width ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Height ¹ | | | | | | | | | | | | | | | | |
| Bay or Cabinet Depth ¹ | | | | | | | | | | | | | | | | |
| Spacer Width* | | | | | | | | | | | | | | | | |
| Equipment Overhang ² | F | R | F | R | F | R | F | R | F | R | F | R | F | R | F | R |
| | | | | | | | | | | | | | | | | |

Notes:

- ¹ – SBC's standard bay dimensions are 7'-0" high, and have a 23" interior width, 26" exterior width, and up to 15" deep. SBC's Large Bay/cabinet dimensions are 7'-0" high, 36" wide, 36" depth and may be available in Ameritech on NSCR. The cabinet has a swing radius of 36" on the front and back.
 - ² - Equipment Overhang for bays placed: F = Front, R = Rear Indicate the number of inches that the equipment depth exceeds the bay depth on the front and/or rear of the bay, if applicable. It is preferred that the equipment mounted in the bay be flush mounted with the front of the bay, however the equipment must not be mounted beyond the lower front kickplate (normally 5") for appropriate egress. The total depth of bay, including equipment, should not exceed 15" for a standard bay.
- - The standard bay spacer Width is 5" inches between standard bays and 1" inch between large bays.

PHYSICAL COLLOCATION APPLICATION FORM

Section 9 -- Interconnection Requirements

Interconnection Bay/Cabinet to be placed? (Yes/No) _____

If Interconnection Bay/Cabinet is desired:

Is it to be provided by ILEC or Collocator

Qty _____ Cabinet or Bay

If application is for caged or shared cage, place Interconnection frame inside or outside of the cage.

If outside of cage, who will provide the cabling from the cage to the interconnect panels? ILEC or Collocator

Quantities for cageless Interconnection bays and cabinets should be reflected in Section 7 and Section 9. Caged Interconnection Bays should be reflected here only.

Indicate the quantities of interconnection terminations required

| Qty Ordered* | Type | Ordering Increments by State | | | | | |
|-----------------|---------------------------------|------------------------------|-----|--------------------|-----|-----|-----|
| | | AR, KS, MO, OK, | TX | IL, IN, WI, OH, MI | CA | NV | CT |
| 200 prs/8 25 pr | Copper Cable Shielded Pairs | 100 | 100 | 100 | 1 | 1 | 100 |
| 100 prs/4 25 pr | Copper Cable Non-Shielded Pairs | 100 | 100 | 100 | N/A | N/A | 250 |
| | DS-1 Shielded Cable (ckts) | 28 | 28 | 56 | 1 | 1 | 1 |
| | DS-3 (ckts) | 1 | 1 | 1 | 1 | 1 | 1 |
| | Fiber optics (strands) | 12 | 24 | 24 | 1 | 1 | N/A |
| | Fiber optics (OC3C) (Strands) | N/A | N/A | N/A | 1 | 1 | N/A |

* Qty Ordered should be total of Ordering Increments (e.g. 500 for 500 VG pairs, 56 for 56 DS-1 shielded)

Shielded cable = shielded exterior sheath required

Special Requirements/Remarks

TERM ON IDF/MDF including San Francisco "12" Central Office--using 89 Type BLOCKS--see TSD for stencil format

LINE SHARING TRIAL

Interconnection Panel Information

| Number of Interconnection Panel(s) | Interconnection Panel(s), including blocks, to be provided by (I)ILEC or (C)ollocator | Location(s) by bay and position within bay where terminations will be made, regardless of who provides panels or whether Interconnection Frame is used. |
|------------------------------------|---|---|
| Copper Cable (Non-Shielded) | | |
| Copper Cable (Shielded) | | |
| DS1 | | |
| DS3 | | |
| Fiber | | |

Use the table below to answer questions about SBC's Standard Interconnection Panel arrangements.

| Std Interconnection Panels | Capacity Per Panel | | | | | |
|----------------------------|--------------------|-------------|-----|------------|----------------|----|
| | AR | KS,MO,OK,TX | CT | CA,NV | OH,WI,IN,IL,MI | |
| Copper Cable | 500 | 500 | 500 | 500 | NA | NA |
| (Height in Inches) | 6 | 6 | 6 | 6 | NA | NA |
| DS-1 | 84 | 84 | 84 | 56 | 84 | 56 |
| (Height in Inches) | 7 | 4 | 6 | 4 | 5 | 4 |
| DS-3 | 24 | 24 | 32 | 24 | 24 | 24 |
| (Height in Inches) | 4 | 4 | 7 | 6 | 6 | 6 |
| Fiber optics (strands) | 24 (ST SM) | 24 (ST SM) | NA | 16 (SC-SM) | NA | NA |
| (Height in Inches) | 7 | 7 | NA | 8 | NA | NA |

ADMINISTRATIVE/EXECUTIVE TEAM CONFERENCE CALL 2-8-00

CLECs Represented on Call:

| | |
|--------------|-------------------|
| MCI WorldCom | Jato |
| AT&T | IP Communications |
| NorthPoint | ASI |
| Rhythms | Allegiance |
| DSL.net | Covad |

Objectives

- Summarize activities from Network/Engineering and Systems sub-team meetings.
- Address issues that were escalated from the Network/Engineering or Systems sub-team
- Schedule future sub-team meetings and locations

Meeting Notes:

- The February 3rd and 4th Network/Engineering sub-team meeting notes were sent out February 7th. The meeting notes included the network architectures that were agreed upon for purposes of the line sharing trial.
- Meeting notes from the February 7th Systems sub-team will be sent out either tonight or tomorrow.
- IP Communications raised an issue in the February 7th Systems sub-team meeting about what type of loops was going to be used for trial. IP thought there was an agreement to try a line shared loop with the end-user being served by both the ILEC and a CLEC as the voice provider.
- SBC recognized that the scenario IP proposed is technically possible to do, but SBC did not intend for it to be part of the trial. For trial, it will be required that the SBC ILEC is the voice provider to the end-user.
- SBC ILECs agreed to explore approach of additional phases to include more trial scenarios. It was proposed that this team map out a guideline or plan for the next 6 months. SBC ILECs will commit to a Phase 2 to this trial if CLEC's want.
- *Any CLEC interested in being part of a sub-team that will look into Phase 2 testing scenarios should contact Bryan Loewen. Please provide the following information via email (BL2494@SBC.com) or via fax (214-745-8457):*
 - *Test case scenarios that would like to be examined for future phase(s)*
 - *Proposed timeline(s) for future phase(s)*

- SBC agreed to provide update of trial central offices on Friday's Network/Engineering sub-team meeting.
- Rhythms noted that they wanted to be in a live production environment by June 6th and did not want to be held back by a lack of contract language. SBC ILECs agreed this was also the goal.
- The following sub-team schedules were agreed to by the Administrative/Executive Team:

February 11, 2000 (Friday)

Network and Engineering Sub Team Meeting/Conference Call

Meeting Time: 12:30pm - 4:00pm (Central)

Meeting Location: 3 Bell Plaza (Dallas) room 12B (*Attendance in person is optional*)

Call In Number: 1-800-406-7410

Access Number: 918126#

February 14, 2000 (Monday)

Systems Sub Team Conference Call

Meeting Time: 1:00pm - 3:00pm (Central)

Call In Number: 1-800-767-1434

Access Number: 473138#

February 15, 2000 (Tuesday)

Administrative/Executive Sub Team Conference Call

Meeting Time: 10:00am - 12:00pm (Central)

Call In Number: 1-800-767-1434

Access Number: 473138#

February 18, 2000 (Friday)

All-Day Lock-Up Meeting in Dallas

Meeting Location: TBD

Meeting Time: TBD

Call In Number: TBD

Access Number: TBD

Network and Engineering Issues will be discussed during the morning session

System Issues will be discussed during the afternoon session

February 22, 2000 (Tuesday)

Administrative/Executive Sub Team Meeting

Meeting Time: 10:00am - 12:00pm (Central)

Call In Number: 1-800-767-1434

Access Number: 473138#

February 25, 2000 (Friday)

Expected date for SBC ILECs to begin accepting Line Shared Orders for the trial.

CLEC/SBC C.O. BASED LINE SHARING TRIAL AGENDA

| | |
|--------------------|--|
| DATE | Wednesday April 26, 2000 |
| TIME | 8:00 AM to 5:00 PM CT |
| PLACE | 4 Bell Plaza, 5th Floor, Conf. Rm. #4 Dallas, TX |
| Bridge # | 1 - (800) 406-7410 |
| Access Code | 324 857 # |

Administrative/Executive Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|----------------|--|----------------------|
| 8:00 – 9:45 AM | <ul style="list-style-type: none"> Confirm future meeting dates/locations | Bryan Loewen |
| | <ul style="list-style-type: none"> Review Admin/Exec Action Item Register | Bryan Loewen |

Network/Engineering Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|---------------|--|----------------------|
| 10:00 - 10:15 | <ul style="list-style-type: none"> Opening remarks | Michael Bellomy |
| 10:15 – 11:00 | <ul style="list-style-type: none"> Service Assurance Updates <ul style="list-style-type: none"> - MLT Screen Prints - Enhanced Testing | Michael Bellomy |
| 11:00 – 12:00 | <ul style="list-style-type: none"> Collocation Application Process | Dennis Neely |
| 12:00 – 12:30 | <ul style="list-style-type: none"> Lunch | |
| 12:30 – 2:30 | <ul style="list-style-type: none"> Network Action Item Register | Hadi Sadrosadat |
| 2:30 – 3:00 | <ul style="list-style-type: none"> Round Table and Next Meeting Agenda | All |

Systems Sub-Team

| <u>Time</u> | <u>Subject:</u> | <u>Presented by:</u> |
|--------------|---|----------------------|
| 3:00 – 4:00 | <ul style="list-style-type: none"> LSR review for phase 2 scenarios | Priscilla Luetscher |
| 4:00 – Close | <ul style="list-style-type: none"> Review Systems Action Item Register | Bryan Loewen |

OFFICES WITH NO COLLOCATION

TEXAS

FRNYTXHI
RDOKTXHO
MCKNTXWE
AUSTTXRR

KANSAS

CFVLKS10
DDCYKS01
ARCYKSSO
EMPRKS08
GRCYKS07
GRTBKSST
WCHTKSAH
LBRLKS04
NWTNKS05
PSBGKSLO

MISSOURI-EAST

STLSMO45
TWACMOAB
MXVLMO60
HGRGMO56
STCLMOMA
FRTNMOPL
FRTWMOST
FLRVMOGE
SKSTMGR
PPBLMOSU
OSBHMOFI
BNTRMOFL
CMTNMODI
DESTMOGI
FLTNMOMI
HNBLMOAC
HSBNMOHB
JCSNMOCI
MEXCMOJU
PCFCMO61
PRVLMOLI
SNBHMOFR
UNINMOLU

MISSOURI-WEST

KKVLMOMO
EXSPMOME
MBRLMOAM

SDLIMOTA

MICHIGAN

DTRTMIBH

LOS ANGELES

LSANCA02

PLDLCA11
LSANCA03
CSTCCA11
SAN DIEGO
SNGNCA11
SACRAMENTO
FETNCA11
SKTNCA12
BKFDCA11
CLSTCA11
SKTNCA14
ANGWCA11
BLCKCA11
DIXNCA11
CONNECTICUT
CHSHCT01