

INSTRUCTIONS for "loop_questions.xls"

Texas Bench Requests (for both ILECs and CLECs)

FCC Rules, Sections 51.319 (a) (4), (5) and (6)

All licensed telecommunication carriers operating in SBC or Verizon territory should answer these questions within 20 days of service.

General Instructions

The trigger information requested is to be provided on an electronic spreadsheet "loop_questions".xls.

Responses should be filed in accordance to attached order.

After completing the spreadsheets, please save them electronically with your company name replacing the word "question" in the title of the spreadsheet. For example loop_ should precede your company name (e.g., loop_COMPANY NAME.xls").

All submissions should be marked with "Docket No. 28745".

Verification

Upon completion of the spreadsheet, a representative of the Company should execute the verification page and include it with the response.

Instructions for completing the spreadsheet

Fill in the electronic spreadsheet "loop_trigger_questions.xls" with the following information for each Texas customer location for which your company has deployed high-capacity loop facilities. These facilities might be used either by your own retail customers, or by an unaffiliated carrier's customer. Include facilities for both those customers served entirely by your own facilities and those for customers served by attaching your own optronics to activate dark fiber transmission facilities provided by another carrier.

Responding ILECs: fill in the spreadsheet with the following information for each Texas customer location for which you assert that one or more of the FCC triggers for a finding of non-impairment is satisfied or where you allege potential deployment. For each such location, do not provide information about your company's high-capacity loop facilities, but rather provide the requested information separately for each alternative competitive provider who has provisioned high-capacity loop facilities to that location (i.e., where the spreadsheet refers to "your company," ILECs should provide the requested information for each alternative competitive provider that provides high-capacity loop facilities to that location).

This matrix need not be completed by CLECs who do not own, or otherwise obtain from an entity other than SBC Texas or Verizon or their affiliates high-capacity loop facilities that are deployed in Texas. For the purpose of this matrix, high capacity loop facilities you may rent or lease from SBC Texas or Verizon Southwest do not apply. If you are a CLEC and do not own, or obtain from an entity other than SBC Texas or Verizon, high-capacity loop facilities in Texas, then so indicate, and you do not have to fill out the matrix."

Street address of customer served by high-capacity loop (Column A)
(ILECs: also identify in Column A the alternative competitive provider who is providing the loop facility described on this row. ILECs will provide a separate row of data for each alternative competitive provider who it maintains is providing high capacity loop facilities at that location).

City of customer served by high-capacity loop (e.g., Dallas). (Column B)
State of customer served by high-capacity loop (i.e., TX). (Column C)
Five-digit zip code address of customer served by high-capacity loop (e.g., 75201). (Column D)

Customer Location V Coordinate (if readily available).
(Column E)

Customer Location H Coordinate (if readily available).
(Column F)

High-capacity loop type (dark fiber, DS1, DS3). (Column G – I)

Customer serving wire center eight-digit CLLI code (e.g., CHCGILWJDS0).
(Column J)

Serving wire center V Coordinate (e.g., 4639). (Column K)

Serving wire center H Coordinate (e.g., 1629). (Column L)

The number of circuits serving the customer location (e.g., the number of circuits at DS1 level, the number of circuits at DS3 level, or the number of dark fibers.). (Columns M - O)

For each answer for column P through U, provide your answer by each type of facility (i.e, a specific answer for dark fiber, DS-1, and/or DS-3)

Does your company have access to the entire customer location, including each individual unit within that location? [Section 51.319 (a)(5)(ii)(B)] (Column P) (ILECs: substitute "the alternative competitive provider" for "your company" in the questions for Columns P through U)

Is the customer location served entirely by your company's facilities? (Column Q) "

Is the customer location served by attaching your company's optronics to activate dark fiber transmission facilities provided by another carrier? (Column R) "

Indicate if the customer location is served via an unaffiliated carrier to which your company has provided dark fiber. (Column S) "

Is this high-capacity loop facility used to provide service to your company's retail customers? (Column T) "

Is this high-capacity loop facility used by another carrier to provide service to its retail customers? (Column U) "



PUBLIC UTILITY COMMISSION OF TEXAS

BENCH REQUEST QUESTIONS

Fill in the electronic spreadsheet "loop_questions.xls" with the following information for each Texas customer location for which your company has deployed high-capacity loop facilities. (ILECs: do not describe your own loop facilities, but rather, for each Texas customer location where you contend the impairment test is not met, provide the requested information for each alternative competitive provider that has provisioned loop facilities to that location). These facilities might be used either by your own retail customers, or by an unaffiliated carrier's customer. Include facilities for both those customers served entirely by your own facilities and those for customers served by attaching your own optronics to activate dark fiber transmission facilities provided by another carrier.

Company Name:

Customer Location Information

	<i>Street address of customer served by high-capacity loop (Note: loop facility must be owned by Company identified above.</i>	<i>City of customer served by high-capacity loop</i>	<i>State of customer served by high-capacity loop</i>	<i>Five-digit zip code address of customer served by high-capacity loop</i>	<i>Customer Location vertical coordinate</i>	<i>Customer Location horizontal coordinate</i>
	A	B	C	D	E	F
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

This matrix need not be completed by CLECs who do not own, or obtain from an entity other than SBC Texas or Verizon, high-capacity loop facilities that are deployed in Texas. For the purpose of this matrix, high capacity loop facilities you may rent or lease from SBC or Verizon do not apply. If you are a CLEC and do not own, or obtain from an entity other than SBC Texas or Verizon, high-capacity loop facilities in Texas, then so indicate, and you do not have to fill out the matrix."



PUBLIC UTILITY COMMISSION OF TEXAS

DOCKET 28745 - IMPAIRMENT ANALYSIS
OF ENTERPRISE LOOPS

Miscellaneous

Enter "Y" if Yes, Blank if No*

	<i>Does your company have access to the entire customer location, including each individual unit (i.e., customer premises) within that location?</i>	<i>Is the customer location served entirely by your company's facilities?</i>	<i>Is the customer location served by attaching your company's optronics to activate dark fiber transmission facilities provided by another carrier?</i>	<i>Indicate if the customer location is served via an unaffiliated carrier to which your company has provided dark fiber.</i>	<i>Is this high-capacity loop facility used to provide service to your company's retail customers?</i>	<i>Is this high-capacity loop facility used by another carrier to provide service to its retail customers?</i>
	<u>P</u>	<u>Q</u>	<u>R</u>	<u>S</u>	<u>T</u>	<u>U</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

*For each answer in Columns P through U, provide a answer for each specific loop type. For example, provide an answer for dark fiber facilities, DS-1 loops and DS-3 loops.

**Before the Public Utility Commission of Texas
Docket No. 28745**

VERIFICATION

State of)

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County of)

BEFORE ME, the undersigned authority, on the ____ day of _____, 2003,
personally appeared _____, of _____,
who upon being by me duly sworn, on oath deposed and said the following:

I am over twenty-one years of age, of sound mind, and authorized to make
statements and representations on behalf of the the company. I further
certify that the information contained in this document is true and correct.

.....

Signature

.....

Title

Further Affiant sayeth not.

SWORN AND SUBSCRIBED to before me this __ day of __, 2003.

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