

ORIGINAL

requested data is essential to ensure that each carrier's facilities are considered in conclusions reached regarding UNE obligations. Company responses are due to the Commission by **December 22, 2003**. The data request is similar to the October 3, 2003, data request of the New York Department of Public Service in Case 03-C-0821, modified by a few additional questions.

The trigger-related information is to be provided on electronic spreadsheets: (1) general_questions_FL.xls, (2) switching_questions_FL.xls, (3) transport_questions_FL.xls, and (4) loop_questions_FL.xls. Hard copies of the spreadsheets are attached to the data request and spreadsheet files can also be downloaded from the Commission's website to use in providing responses (<http://www.floridapsc.com>). The number of spreadsheet rows to which each CLEC will be required to respond depends upon the number of switches, transport routes, or customer locations for which each company has provisioned facilities. Detailed instructions are included in the data request as well as attached to the spreadsheets.

If your company holds a certificate but is not currently active in the marketplace, you may simply check the box at the top of this page and return it.

To the extent you are a party to either Docket No. 030851-TP or Docket No. 030852-TP and information requested has already been provided through responses to interrogatories or document requests, there is no need to provide a full response again. Simply respond by identifying the particular interrogatory or document request (serving party, item number, filing date) where the information can be found.

Once the spreadsheets are completed, they should be saved electronically using the company name in the saved file name; i.e., general_Company Name_FL.xls. A cover letter along with a hard copy of each spreadsheet and an electronic version of each spreadsheet saved on a 3.5-inch diskette or compact disk (CD) should be mailed to:



(904) 264-3036
FAX (904) 264-8949
email: cnichols@dfsfiber.com
1857 Wells Road, Suite 200
Orange Park, FL 32073

to S. Bayo
Division of the Commission Clerk
Administrative Services
Florida Public Service Commission
Shumard Oak Boulevard
Tallahassee, FL 32399-0850

*PROCESSED
COMM. CLERK*

COMMISSION
CLERK

01 JAN 23 AM 10:44

RECEIVED-FPSC

- CMP _____
- COM _____
- CTR _____
- ECR _____
- GCL _____
- OPC _____
- MMS _____
- SEC _____
- OTH _____

NO
~~Pat Lee
Division of Competitive Markets & Enforcement
Florida Public Service Commission
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850~~

For proper identification of the data request responses, your cover letter should reference "2003 TRO Data Request in Docket Nos. 030851-TP and 030852-TP". Additionally, your response should include a notarized statement signed by the responding individual and attesting to the accuracy of the information.

1 copy to each docket

	A	B	C	D	E
1	Please enter the information requested below in column B in reference to your company				
2	FPSC CODE	TAD45			
3	Company Name, as it appears on your provider's certificate	DELICATE FIBER SYSTEMS, INC.			
4	OCN from LERG	?			
5	OCN Name from LERG	?			
6	Category (CLEC, ILEC, WIRELESS)	CLEC			
7	AOCN from LERG (administrative)				
8	FLPSC code for Affiliations				
9	DBA Names				
10	If you do not provide service or are providing service only via resale in Florida, please enter "No Service" and return this information.				
11					
12					
13					
14	Please complete the above information as requested.				

FOR ADDITIONAL INFO: SEE OUR WEBSITE

WWW.DFSFIBER.COM

switching_questions_FL.xls
Switching

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	
1			Type of Switch (X or Blank)																		Y or N				
2	Wire Center CLLI	Switch CLLI	End Office	Tandem Office	Multi-Function	Remote Line	Packet	Broadband	Other	# of VG provisioned	# of VG in use	Capacity (CCS)	# of Residential	# of Customers with 1 to 3 lines	# of Customers with 4 to 8 lines	# of Customers with 9 lines or more	# Voice only	# Data Service Only	# Voice and Data	Owner?	Wholesaler?	Self-Provider?	FPSC code of Owner	FPSC code of Leasor	
3	EX:AMPLEXXX	XXXXXXXXX	X							5000	893	1000	451	574	789	254	208	123	562	N				TX000	
4	ABDLFLXA96H																								
5	ALFAFLXA67H																								
6	ALFRFLXARS0																								
7	ALSPFLXADS0																								
8	ALTRFLXARSA																								
9	ALVAFLXARS1																								
10	ANMIRFLXA77H																								
11	APPKFLXADS1																								
12	ARCDFLXADS0																								
13	ARCHFLMA																								
14	ASTRFLXARS0																								
15	AVPKFLXADS0																								
16	BAKRFLXADS0																								
17	BA:RTFLXA53H																								
18	BA:YUFLXA54H																								
19	BB:PKFLXARSA																								
20	BC:GRFLXARS1																								
21	BC:RTFLBT																								
22	BC:RTFLMA																								
23	BC:RTFLSA																								
24	BG:PIFLMA																								
25	BHIPKFLXA28H																								
26	BK:VLFLJF																								
27	BL:DWFLMA																								
28	BL:GLFLMA																								
29	BL:VWFLXADS0																								
30	BN:IFYFLXARS0																								
31	BN:INFLMA																								
32	BN:SPFLXADS1																								
33	BP:BAFLXA75H																								
34	BR:JTFXARSA																								
35	BR:NDFLXA68H																								

N/A - NO SWITCHING

transport_questions_FL.xls
Transport

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
1	<i>NA</i>																
2	FROM ILEC										TO ILEC						
3	Central Office Address										Arrangement Type			Central Office Address			
4	CLLI	Street Address	City	State	Zip	Vertical Coordinates	Horizontal Coordinates	Caged? (Y/N)	Cageless? (Y/N)	Virtual? (Y/N)	CLLI	Street Address	City	State	Zip		
5	EXA.MFRXXX	3 Empire State Plaza	Tallahassee	FL	32301	4321	1234	Y	N	N	EXAMTOXXX	123 Main Street	Miami	FL	33123		

ADDED

transport_questions_FL.xls
Transport

	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO			
1	TRANSPORT ROUTE																												
2	Self-Providers												Wholesalers																
3			Arrangement Type			Transport Type			Number of transport circuits									Transport Type			Number of transport circuits								
4	Vertical Coordinates	Horizontal Coordinates	Caged? (Y/N)	Cageless? (Y/N)	Virtual? (Y/N)	Self-Provider? (Y/N)	Dark Fiber? (X or blank)	DS1? (X or blank)	DS3? (X or blank)	# Dark Fiber transport circuits provisioned	# DS1 level transport circuits provisioned	# DS3 level transport circuits provisioned	# Dark Fiber working circuits	# DS1 level working circuits	# DS3 level working circuits	Wholesaler? (Y/N)	Carrier?	Dark Fiber? (X or blank)	DS1? (X or blank)	DS3? (X or blank)	# Dark Fiber transport circuits provisioned	# DS1 level transport circuits provisioned	# DS3 level transport circuits provisioned	# Dark Fiber working circuits	# DS1 level working circuits	# DS3 level working circuits			
5	3456	6543	N	Y	N	Y	X	X		53	89	0	53	89	0	N	✓	✓			144								

UNHOLG. ST. GR.

12- YES

A. PROGRESS TELECOM, INC.

B. LITEK FIBER

C. 24

D. 4

	AP
1	
2	
3	
4	Supplier?
5	

13- —

loop_questions_FL.xls
Loop

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Self-Providers																	
2	Customer Information					High-Capacity Loop Type			Number of circuits						High-Capacity Loop Type			
3	Street Address	City	Zip	Wire Center CLLI	Self-Provider? (Y/N)	Dark Fiber? (X or blank)	DS1? (X or blank)	DS3? (X or blank)	# Dark Fiber provisioned circuits	# DS1 level provisioned circuits	# DS3 level provisioned circuits	# Dark Fiber working circuits	# DS1 level working circuits	# DS3 level working circuits	Wholesaler? (Y/N)	Dark Fiber? (X or blank)	DS1? (X or blank)	DS3? (X or blank)
4	123 Main St.	Tallahassee	32301	TLHSFLXXX	Y	X	X		50	90	0	35	89	0	Y		X	

- WE HAVE PROVISIONED TO NO CUSTOMER LOCATION
- PROCESS USES FIBER FOR LONG-HAUL ROUTE CONFIGURATION

loop_questions_FL.xls
Loop

	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	
1	Wholesalers															
2	Number of circuits															
3	# Dark Fiber provisioned circuits	# DS1 level provisioned circuits	# DS3 level provisioned circuits	# Dark Fiber working circuits	# DS1 level working circuits	# DS3 level working circuits	Point-to-Point (P) or Ring (R) configuration	Accessible? (Y/N)	Sole Access? (Y/N)	Using? (Y/N)	Giving? (Y/N)	Owner? (Y/N)	Loop Owner?	Loop Wholesaler?	Nature of agreement?	
4	0	60	0	0	52	0	R	Y	Y	N	N	Y				
							R	N	N	N	N	Y				

AFFIDAVIT

By my signature below, I, _____, attest to the accuracy of the information contained herein and the attached documents. I have reviewed the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of _____.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

Print Name

Signature

Title

Date

Telephone No.

Fax No.

Utility

Address: _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____.

(Signature of Notary Public)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

AFFIDAVIT

By my signature below, I, CHARLES F. NICHOLS, attest to the accuracy of the information contained herein and the attached documents. I have reviewed the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of D.F.S., INC.

Further, I am aware that, pursuant to Chapter 837.06, Florida Statutes, "Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 and s. 775.083."

CHARLES F. NICHOLS
Print Name

[Signature]
Signature

PRESIDENT
Title

1/21/04
Date

(904) 264-3036
Telephone No.

(904) 264-8949
Fax No.

CCCC
Utility

Address: DEDICATED FIBER SYSTEMS, INC.
1857 WELLS ROAD, SUITE 200
ORANGE PARK, FL 32073

STATE OF FLORIDA

COUNTY OF CLAY

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____.

(Signature of Notary Public)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____