



CROCKER CUSTOMER COLOCATION ACCESS FORM INSTRUCTIONS

For the purposes of this form, the term "Colocator" will be used to refer to any School, Company or Organization that is a Crocker Communications, Inc. and/or Telecommunications, L.L.C. ("Crocker") Colocation Customer owning equipment that is housed at the Crocker Colocation Data Facility, and the term "Colocator Representative" will be used to refer to any employee, agent, subcontractor or other representative who will require access to Colocator equipment housed at the Crocker Colocation Data Facility. Crocker Colocation is located within the gated Springfield Technical Community College (STCC) Technology Park at 1 Federal Street, BLDG 102-2L, 2nd floor, Springfield, Massachusetts, 01105-1792.

Each Colocator is required to have a designated Administrative Contact who will fill out and submit a **CROCKER CUSTOMER COLOCATION ACCESS FORM** for themselves and all representatives requiring regular access to the Crocker Colocation Data Facility. The information requested on **CROCKER CUSTOMER COLOCATION ACCESS FORM** is necessary to verify identification of individuals requiring access to the Crocker Colocation Data Facility and the equipment located within. Verification is a key component to safeguarding the integrity and security of Crocker's and Colocator's data, systems and hardware within the Data Facility. The confidentiality of information provided on **CROCKER CUSTOMER COLOCATION ACCESS FORM** will be safeguarded and is intended exclusively for internal Crocker use.

Access to the Crocker Colocation Data Facility will be permitted by STCC Security or Crocker Employees only for individuals having a completed and signed **CROCKER CUSTOMER COLOCATION ACCESS FORM** (with photo) submitted to, approved by and on record with Crocker. Submission of a **CROCKER CUSTOMER COLOCATION ACCESS FORM** constitutes permission from the Colocator allowing the Colocator Representative to work on the Colocator's equipment.

1. The Administrative contact is required to fax a completed **CROCKER CUSTOMER COLOCATION ACCESS FORM** to (413) 328-7446 and email a photograph in JPEG format to colocare@crocker.com *for themselves as well as each representative needing access to the Crocker Colocation Data Facility.* The form is not complete without the identification picture and a signature by the authorized Administrative Contact. By submitting a faxed version of this application, the submitter agrees that this document shall be as effective as a physical paper document.
2. **CROCKER CUSTOMER COLOCATION ACCESS FORM** *is also required for Colocator subcontractors* if the Colocator desires the subcontractor to access the Data Facility without the Colocator being present. The subcontractor's company name must be entered in Section 4. Only Full Cabinet Colocators can give permission for subcontractors to independently access the Crocker Colocation Data Facility. Otherwise, Colocator subcontractors must be accompanied by a Colocator Representative at all times in the Crocker Data Facility both during and after normal business hours.
3. Sections 1–6 are for the input of supporting information related to the Representative. Crocker requires a background investigation to be performed. Section 7 is for the input of supporting information of the Colocator. The authorized Colocator Administrative Contact signature is required on each form. Crocker will rely on this signature to certify that the Representative information on the **CROCKER CUSTOMER COLOCATION ACCESS FORM** is accurate.
4. Colocator Administrative Contacts are requested to add, remove or update Colocator Representative Information on a regular basis. Crocker will conduct re-verification of the Colocator Administrative Contact and all Colocator Representatives on a semi-annual basis or at other intervals as requested by Crocker. Colocator Administrative Contacts are requested to return revalidated information within 30 days. If, after 30 days, revalidated information is not returned to Crocker, Colocator key fobs will be disabled and access to Data Facility will not be permitted until information is received.

Your confidence in our Colocation service is greatly appreciated and we strive to justify this confidence by continually working to keep our Facility secure and stable. We thank you for taking the time to submit this form. For additional information, questions or further assistance, please do not hesitate to call us on our Crocker Customer Care lines:

Springfield 654-1000

Northampton 387-1000

Greenfield 475-1000

We're on the web @ crocker.com

CROCKER CUSTOMER COLOCATION ACCESS FORM

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|---|-----------------------|---------------------------|-----------------|
| 1. Key Fob () Initial () Reissue* () Extra* () Not Applicable (*2 key fobs per cabinet, \$25 to reissue for lost or extra) | | | |
| 2. Cabinet Key () Initial () Reissue** () Extra** () Not Applicable (**2 keys per cabinet, \$25 to reissue for lost or extra) | | | |
| 3. Cage Key () Initial () Reissue* () Extra*** () Not Applicable (***2 keys per cage, \$25 to reissue for lost or extra) | | | |
| 4. Colocator Representative Information | | | |
| The Representative on this form is a: () Colocator Administrative Contact () Colocator Employee/Agent | | | |
| Representative Name: (Last, First, MI) | | Representative Job Title: | |
| SS # | Photo ID# & Exp Date: | Date of Birth: | Place of Birth: |
| Representative's Company Name if different than Colocator's Name: | | | |
| 5. Has the prospective Colocator Representative | | | Yes |
| | | | No |
| | | | Date |
| 1. Been convicted of a felony within seven years prior to background investigation? | | | |
| 2. Been convicted of a felony since the background investigation date? | | | |
| 3. Been verified to be a U.S. Citizen? If No, list Alien Registration number here: | | | |
| 4. Been given an opportunity to review, read, understand and agrees to abide by Colocation Use Policies listed at: http://www.crocker.com/support/colosupport2.html | | | |
| 6. Supporting Information and Certification | | | Date |
| 1. Background investigation performed by: | | | |
| 2. If Drug screening conducted within past 2 years, performed by: | | | |

| | | |
|---|---------------------------------|--------------------------------|
| 7. COLOCATOR Information | | |
| Printed Administrative Contact Name: | Administrative Contact Phone #: | Administrative Contact E-Mail: |
| Company/Organization/School: | Crocker Customer #: | 24 Hour Contact Phone #: |
| Address: | | |
| City: | State: | Zip: |
| The signature below indicates that the information provided on this form conforms to policies and guidelines outlined on Crocker Master Service Agreement and Service Contract and has been certified by the Authorized Colocator Administrative Contact. Fax completed form(s) to (413) 328-7446 and email photograph of representative(s) in JPEG format to colocare@crocker.com. This form is not complete without identification. picture. | | |
| Administrative Contact Signature: | Administrative Contact Title: | Date: |

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| CROCKER REVIEWS & APPROVALS (Crocker use only) ♦Only Required on forms submitted for Colocator Administrative Contacts | | | |
| Reviewed by: | Reviewer's Signature: | Date: | ♦1 st 5 digits of all Fobs |
| Cabinet Location: | Approved () Rejected () Attach explanation if rejected | | |
| ♦ID of/# of Cabinet Keys: / | ♦ Certificate of General Liability on Record: Y or N or N/A Expiration Date: | ♦# of Cage Keys: | |
| Application Serial #: | ♦ Certificate of Property Insurance on Record: Y or N or N/A Expiration Date: | ♦# of Key Fobs: | |