



Service Provider Certification Form

Please fill out and fax to 613-258-7925 or email to secretariat@ftthcouncil.org

* Indicates a required field

Service Provider Company Information

Name of Service Provider: *

Company Address: *

City:*

State: *

Zip Code: *

Country: *

Applicant First Name: *

Applicant Last Name: *

Telephone Number: *

Email Address: *

Website: *

Service Provider's Network Information

Does this service provider have a billing relationship with the FTTH Subscribers in your network?: *

No Yes

Are broadband services commercially available over your FTTH network?: *

No Yes

How many subscribers are currently served?: *

Location and name of FTTH network deployment: *

Number of total subscribers: *

Number of homes passed: *

How many subscribers will this FTTH deployment ultimately reach?

What is the total number of residential households in your serving areas to whom services can be marketed over an FTTH access network?

Total residential communication subscribers: *

When will your deployment be completed?: *

What is the total number of residential household, subscribed to voice, data or video services, served by Service Provider's entire wire line network?

Applicant's Network Information

Is your access path entirely optical fiber all the way to the subscriber's dwelling unit?: *

No Yes

What type of technology does your network utilize?: *

Passive Optical Network (PON) Active Ethernet

What vendor's Access Equipment are you currently deploying? (Vendor's Names): *

Does your network have other Access Technologies deployed (ie: FTTC, FTTN, HFC): *

No Yes

Will you limit use of the Fiber-Connected Home badge and image to only the FTTH deployment?: *

No Yes

Please read the attached - [Certification Agreement](#)

Do you accept our terms and conditions?*

No Yes