## **Provisioning Completion Notice (PCN)**

Field	Description	Form	Notes	Required/ Optional / Conditional	Length	Characteristics
CCNA	Customer Carrier Name Abbreviation	LSR		optional	3	A
CC	Company Code			optional	4	A/N
PON	Purchase Order Number	LSR		required	16	A/N
LSR NO	Local Service Request Number			optional	18	A/N
VER	Version	LSR		conditional	2	A/N
AN	Account Number			conditional	20	N
ATN	Account Telephone Number	LSR		optional	10	N
RD/TSENT	Response Date and Time Sent		Two Digit Century (00-99) Two Digit Year (00-99) Two Digit Month (01-12) Two Digit Month (01-12) Two Digit hour (00-23) : (colon) Two Digit Minute (00-59) : (colon) Two Digit Second (00-59) <b>EDI Format</b> Two Digit Century (00-99) Two Digit Century (00-99) Two Digit Month (01-12) Two Digit Month (01-12) Two Digit Mour (01-12) Two Digit Minute (00-59) AM or PM	required	17	A/N
EATN	Existing Account Telephone Number	EU		conditional	10	N
DD	Due Date	n/a	Should match the DDD Two Digit Century (00-99) Two Digit Year (00-99) Two Digit Month (01-12) Two Digit Day (01-31)	optional	10	A/N
CD	Provisioning Completion Date		Two Digit Century (00-99) Two Digit Year (00-99) Two Digit Month (01-12) Two Digit Day (01-31)	required	10	A/N

## **Provisioning Completion Notice (PCN)**

Field	Description	Form	Notes	Required/ Optional / Conditional	Length	Characteristics
PPCD	Provisioning Posted Completion Date		Two Digit Century (00-99) Two Digit Year (00-99) Two Digit Month (01-12) Two Digit Day (01-31)	required	8	A/N
RT	Response Type	n/a	X	required	1	A
EBD	Effective Bill Date	n/a	Should match the DDD Two Digit Century (00-99) Two Digit Year (00-99) Two Digit Month (01-12) Two Digit Day (01-31)	conditional	10	A/N
REP	Provider Contact Representative	n/a	Likely a default contact name and number	optional	15	A/N
TEL NO	Telephone Number	n/a	Likely a default contact name and number	optional	12*	A/N*
FEP	Fiber Environment Provisioned	n/a	A Fiber B Copper	conditional	1	A
ORD	Order Number	n/a	Service Order Numbers	optional	20	A/N
REMARKS	Remarks	n/a	Echo from Remarks on original Order	optional	160	A/N

Form Note: \*\*Frontier does not pass edits on PCN response fields. Field length showing is normal response, not maximum.

## Appendix A – Change Log

Date	Release	Field	Change Description
07/16/2021	October 2021 Release	All	Update version to 9.30.24
07/15/2022	October 2022 Release	All	Update version to 9.30.25
03/20/2023	June 2023 Release	All	Update version to 9.30.26
07/13/2024	October 2024 Release	All	Update version to 9.30.28

DISCLAIMER: THIS DOCUMENTATION IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT OBLIGATE FRONTIER TO PROVIDE SERVICES IN THE MANNER DESCRIBED IN THIS DOCUMENT. FRONTIER RESERVES THE RIGHT AS ITS SOLE OPTION TO MODIFY OR REVISE THE INFORMATION IN THIS DOCUMENT AT ANY TIME WITHOUT PRIOR NOTICE. IN NO EVENT SHALL FRONTIER OR ITS AGENTS, EMPLOYEES, DIRECTORS, OFFICERS, REPRESENTATIVES OR SUPPLIERS BE LIABLE UNDER CONTRACT, WARRANTY, TORT (INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF FRONTIER), OR ANY OTHER LEGAL THEORY, FOR ANY DAMAGES ARISING FROM OR RELATING TO THIS DOCUMENT OR ITS CONTENTS, EVEN IF ADVISED OF THE POSSIBLITY OF SUCH DAMAGES.

© 2024Frontier Communications Parent, Inc. All rights reserved.