

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 Client 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 Colocation Access Form** for themselves and all representatives requiring regular access to the Crocker Colocation Data Facility. The information requested on the **Crocker 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 Colocation Access Form** is safeguarded in accordance with Massachusetts 201 CMR 17.0 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 Colocation Access Form** (with photo) submitted to, approved by and on record with Crocker. Submission of a **Crocker 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 Colocation Access Form** to (413) 328-7446 and email a photograph in JPEG format to [colocare@crocker.com](mailto: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 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 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 Client Care lines:

**Springfield** 413-654-1000; **Northampton** 413-387-1000; **Greenfield** 413-475-1000  
or visit us on the Web at [crocker.com](http://crocker.com)

# Crocker Colocation Access Form

Sections 1–7 must be fully completed. Please review the attached instruction document. Please type or print information legibly in dark ink. Submit form to fax # 413-328-7446 in accordance with instruction document. If you need further assistance, contact Crocker Client Care at 413-654-1000.



<b>1. Key Fob:</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Reissue*	<input type="checkbox"/> Extra*	<input type="checkbox"/> Not Applicable	(*2 key fobs per cabinet, \$25 to reissue for lost or extra)
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<b>2. Cabinet Key</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Reissue**	<input type="checkbox"/> Extra**	<input type="checkbox"/> Not Applicable	**2 keys per cage, \$25 to reissue for lost or extra)
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<b>3. Cage Key</b>	<input type="checkbox"/> Initial	<input type="checkbox"/> Reissue***	<input type="checkbox"/> Extra***	<input type="checkbox"/> Not Applicable	***2 keys per cage, \$25 to reissue for lost or extra)
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<b>4. Colocator Representative Information</b>		
The Representative on this form is a: <input type="checkbox"/> Colocator Administrative Contact <input type="checkbox"/> Colocator Employee/Agent		
Representative Name: (Last, First, MI):	Representative Job Title:	
Date of Birth:	Place of Birth:	
Representative's Company Name (if different than Colocator's Name):		

<b>5. Has the prospective Colocator Representative:</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>
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 on Exhibit C of the Crocker Service Contract and at <a href="http://www.crocker.com/support/colosupport2.html">http://www.crocker.com/support/colosupport2.html</a> ?			

<b>6. Supporting Information and Certification:</b>	<b>Date</b>
1. (Mandatory) Background investigation performed by:	
2. If Drug screening conducted within past 2 years, performed by:	

<b>7. COLOCATOR Information:</b>		
Printed Administrative Contact Name:	Administrative Contact Phone #:	Administrative Contact Email:
Company/Organization/School:	Crocker Client #:	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. Email photograph of representative in JPEG format to colocare@crocker.com. This form is not complete without identification picture.		
Administrative Contact Signature:	Administrative Contact Title:	

<b>CROCKER REVIEWS &amp; APPROVALS: (Crocker use only) Only Required on forms submitted for Colocator Administrative Contacts</b>			
Review by:	Reviewer's Signature:	Date:	1st 5 digits of all Fobs:
Cabinet Location:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	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:	