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| **State of Texas - Department of Information Resources - Telecommunications Division**  PON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TSR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **DIR USE ONLY**  **P.O. Box 13564, Austin, TX 78711-3564** |

Internet Service Circuit Order Form

After completing the form, save as a MS Word file and send the form as an e-mail attachment to: [telecom.solutions@dir.texas.gov](mailto:telecom.solutions@dir.texas.gov)

Please call 877-472-4848 option 4 for assistance.

BEFORE Ordering Service please go to:

<http://www.dir.texas.gov>

1) Search products and Services

2) Type in Tex-AN NG in the search field in contract number field to pull up all of our current contracts

**I accept the terms and conditions represented in one of the Customer Service Agreements sited above. Please note, we cannot place or process orders with any vendor unless this box is checked.**

1) AGENCY INFORMATION

**Agency Name:**

**Agency Code:**

**Division Name:**

**Division Code:**       ***000 is the default Division Code.***

**Order Submitted By:**

**Phone Number:**       **ext.**

**E-mail:**

**Date of this Request:**       (mm/dd/yyyy)

**Requested Due Date:**       (mm/dd/yyyy)

**Expedite Request:**  YES  NO *If yes, customer agrees to pay expedite charges.*

2) TYPE OF REQUEST *select one*:

Install New Internet circuit and port

Change*– explain in Remarks (6)*

**Upgrade Circuit Info: Circuit ID**

**Present ISP Port Speed:       New Port Speed**

Disconnect  Other *– explain in Remarks (6) below.*

3) PROVIDER AND PRICING

**Provider** *(select one)*:  CenturyLink DIR-TEX-AN-CTSA-004 (12 month term)  AT&T DIR-TEX-AN-NG-CTSA-005

TW Telecom DIR-TEX-AN-NG-CTSA-006  Level 3DIR-TEX-AN-NG-CTSA-007

Time Warner Cable DIR-TEX-AN-NG-CTSA-008  Verizon DIR-TEX-AN-NG-CTSA-010

4) CIRCUIT INFORMATION

Circuit Type  **T-1**  **NxT1** *(Bonded T1’s)*  **DS-3**  **OC-3**  **Ethernet**

*1544Kbps 3, 4.5, or 6 Mbps 45 Mbps 155Mbps*

**C**ircuit Speed**:       (***Please indicate the bandwidth required if less than 1.5M needed, bonding T1’s or if utilizing Ethernet***)**

**AT&T only: Will SIP trunking be added to this circuit**:  YES  NO (If yes, please provide the SIP order number)

SIP order number:

**Port Speed:**

Framing Format for T1: B8ZS / ESF *(Extended Super-frame)*

**Connection type:**  **Copper**  **Fiber Ethernet Type:**  **Gigabit**  **Fast Ethernet**

**Billing type:**  **Flat**  **Tiered**  **Burstable (*please indicate bandwidth required*)**

**Protocol (CenturyLink only):**  **HDLC**  **MLPPP (NxT1)**

**Router provided by:**  **Customer**   **Vendor**

**Routing Protocol:**  **Static**   **Fast BGP**

**IPv6 IP Addressing Required?**  **Yes**  **No**

**Customer VLAN Tagging Needed (CenturyLink only)**  **Yes**  **No**

**VLAN Alias Name:**

**Do you have a private AS?**  **Yes**  **No**

**Router Type**  **Cisco**   **Non-Cisco**

**Routing Type**  Default  Partial  Partial with Default  Full Routes with Default  No Routes

**IP Block(s) you will be announcing**:

Ethernet Local Access Connect (CenturyLink only):  iQ Internet port  iQ Private Port  iQ Enhanced port

**Ethernet Local Access** (CenturyLink only):  Leased, N-net, CO Meet Point  Cross-connect  Customer Provide Access

**Circuit handoff** **(CenturyLink only)**  Fast E 100Mb Copper  Gig E Single Mode Fiber  Gig E multi-mode fiber (50um or 62.5 um)

5) LOCATION INFORMATION***–*** *customer location; existing or new location*

**(VENDORS DO NOT EXTEND DEMARC ON INTERNET SERVICE ORDERS)**

**Name of Location:       Building Name or Number:**

**Street Address:       City:       State:**    **Zip:      -**

**Cross Street – street names of nearest intersection**

**Building Room Number:**

**Name of Primary On-Site Contact:** **Primary’s Phone Number:**      **ext.**

**Primary cell phone number**

**Primary’s e-Mail Address:**

**Name of Alternate On-Site Contact:       Alternate’s Phone Number:**      **ext.**

**Alternate cell phone number**

**Alternate e-Mail Address:**

**IF this circuit is to terminate on a customer-owned facility such as a DS-3 or OC-3, please provide the following:**

System (CLLI):

Channel:

Circuit ID (if available):

6) REMARKS: *provide any special requests and additional information.*

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