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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** |

Point-to-Point New 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) Click on the Telecom tab

2) Click on the TEX-AN contracts in the lower left side of the page to review the contracts and pricing

**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:       Requested Due Date:      

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

2) TYPE OF REQUEST *please* *select one*:

**Install New Point-to-Point Circuit  Other *– explain in Remarks (section 7)*  Disconnect Circuit**

If this is a move, change in billing or a disconnect request the circuit identifier is required:

Circuit identifier:

CKR if known:

3) PROVIDER AND PRICING

**Provider** *(select one)*:  AT&T DIR-TEX-AN-NG-CTSA-005 (24 month term)  TW Telecom DIR-TEX-AN-NG-CTSA-006

Level 3DIR-TEX-AN-NG-CTSA-007

4) CIRCUIT INFORMATION

T1 Framing Format: *Select one*:  D4 / AMI  B8ZS / ESF *(Extended Superframe)*

NRS: *Select one*:  YES  NO (***If YES, please enter the CO address on Location 2***)

Circuit Type **DS-0 (AT&T only)**  **T-1**  **DS-3**  **OC-3**  **OC-12**  **OC-48**

*56/64Kbps 1.5Mpbs 45Mbps 155Mbps 622 Mbps 2,488 Mbps*

**Handoff Information for OC-3 and OC12:**

**Handoff (2 Fiber or 4 Fiber)**       Fiber Type (Single or Multi mode)       Connector Type: SC (preferred) SC or LC?

     .

5) LOCATION 1 INFORMATION***–*** *customer location 1;* *(****for new construction please contact your 911 County Coordinator to confirm the address at*** <http://www.texas911alliance.org/DED/PDF/directors.pdf>*)*

**Inside Wiring**  YES NO *If yes, customer agrees to pay additional charges to extend TELCO wiring.*

Name of Location:  Building Name or Number:

Street Address:  City: , State: , Zip: -

Room Number in Building

Cross Street – street names of nearest intersection

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

Primary’s e-Mail Address:  Primary’s Cell Number

Alternate’s Name and Phone:  Alternate’s Cell Number

Alternate’s Email Address:

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

System (CLLI):  Channel:  Circuit ID**:**

6) LOCATION 2 INFORMATION***–*** *customer location 2 (****for new construction please contact your 911 County Coordinator to confirm the address at*** <http://www.texas911alliance.org/DED/PDF/directors.pdf>*)*

***If this is a NRS circuit, please provide the CO address.***

**DEMARC Extension**  YES NO *If yes, customer agrees to pay additional charges to extend TELCO wiring.*

Name of Location:  Building Name or Number:

Street Address:  City: , State: , Zip: -

Cross Street – street names of nearest intersection

Room Number in Building

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

Primary’s e-Mail Address:  Primary’s Cell Number

Alternate’s Name and Phone:  Alternate’s Cell Number

Alternate’s e-Mail Address:

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

System (CLLI):  Channel:  Circuit ID

7) REMARKS *Provide any special requests and additional information.*

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