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

SIP 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: The DIR website at 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 below. Please note, we cannot place or process orders with any vendor unless this box is checked.**

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.*

SELECT PROVIDER Please select one

Century Link DIR-TEX-AN-CTSA-004

AT&T DIR-TEX-AN-NG-CTSA-005 (must include the ATT IPFLEX technical questionnaire)

TW Telecom DIR-TEX-AN-CTSA-006

TYPE OF REQUEST *select one*:

Install New SIP Trunking\*  Disconnect  Change*– this is used to port numbers or to add numbers or circuits*

\* AT&T only – the SIP trunking has to be over either AVPN or MIS (a new test number will be assigned – customer has an option for a vanity number – please add to the remarks section) For all other vendors the install will include the local loop, the port and concurrent sessions.

Rate plan  A  B  C

**CIRCUIT INFORMATION**

AT&T customers only (choose one) \*

AVPN  MIS  MIS PNT (private network transport- allows COS adds security)

Is this platform existing?  Yes  No (if not a separate order form will be required)

DIR CKR (if disconnecting or change required):

Circuit identifier:

**For new install:**

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***)**

**Port Speed:**

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

Manufacturer of PBX  Model of PBX  Software release

Number of digits PBX sends for outgoing calls

Anticipated max # of concurrent calls:      Is a second circuit required for redundancy?

YES NO *If yes, customer agrees to pay for the second circuit*

LOCATION INFORMATION

Name of Location:

Street Address:

City:  State: TX, Zip: - Building Name or Number:

Room where circuit will terminate:  Location (or wall) in room where circuit will terminate:

Name of On-Site Contact:  On-Site Contact’s Phone Number:

On-Site Contact’s Cell Number:

On-Site Contact’s Organization:  On-Site Contact e-Mail Address:

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

Working Telephone number: Technical Contact name: Technical contract phone number: Technical contact cell Number:      Contract person for trouble/maintenance: Contract person phone number for trouble/maintenance: Email address for Notification:

Will new telephone numbers be needed?  YES NO If yes, how many numbers are needed:

Will you need to port telephone numbers to the SIP trunking  YES NO *If yes, customer needs to provide working telephone numbers with the corresponding billing telephone number:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TELEPHONE NUMBER(S) TO PORT (If change of carrier a customer service record request will be required) | | | | | | |
|  | *Business Telephone Number*  **WTN(s)** | **Name on Bill**  *To have names appear on DIR Bill associated with*  *telephone numbers, please provide names below* | | *Billing telephone number*  **BTN** | *Is the number already PIC’d to TEX-AN?*  *Yes or no* |
|  | *Working Telephone Number(s) or Range (if applicable)* | **LAST NAME** | **FIRST NAME** |  |  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |

Please provide a separate spreadsheet if more numbers are required.

REMARKS: *Provide any special requests and additional information.*