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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** |

SATELLITE 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](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 below. 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 Voice circuit  Change*– explain in Remarks (5)*   Disconnect

Other *– explain in Remarks (5) below.*

3) PROVIDER AND PRICING

**Provider** *(select one)*:  Proactive Communications DIR-TEX-AN-CTSA-001

Hughes Satellite DIR-TEX-AN-NG-CTSA-002

**Pricing** *(select one)*:  TEX-AN NG

4) 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:

Cross Street – street names of nearest intersection

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

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:      , ext.

Alternate’s Cell Number:

5) **FSS Service Type:**

Dedicated Burstable/Shared Network 🞏 Single Channel Per Carrier (SCPC) 🞏 Burstable/Shared 🞏

FL Data Speed Max/Min:\_\_\_\_\_\_\_\_\_\_\_\_ RL Data Speed Max/Min: \_\_\_\_\_\_\_\_\_\_\_\_ New 🞏 Change 🞏

Term: 5 days/Month 🞏 10 Days/Month 🞏 Monthly 🞏 Length of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Service Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Require 5 days lead time)

CIR Requested? (y/n) \_\_\_\_\_\_\_\_ # of CIR Blocks \_\_\_\_\_\_\_\_\_\_

GPS Coordinates for Remote Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Customer Equipment:**

Antenna Mfr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUC Mfr.: \_\_\_\_\_\_\_\_\_\_Model: \_\_\_\_\_\_\_\_\_\_ Size: \_\_\_\_\_\_\_\_\_\_\_ LNB Mfr.: \_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_

Modem Mfr.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Software Version: \_\_\_\_\_\_\_\_\_\_

Diplexer: Co-Pol 🞏 Cross-Pol 🞏 Network Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IFL Cable: Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length: \_\_\_\_\_\_\_\_

Satellite:\_\_\_\_\_\_\_\_\_\_\_\_ Ku-band 🞏 Teleport: \_\_\_\_\_\_\_\_\_\_\_\_\_ Net Mask: \_\_\_\_\_\_\_ New 🞏 Change 🞏