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

Metro Ethernet 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:**      (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  **Install New Circuit  Change Circuit  Add new location to an existing network**

**For a change, disconnect or adding another location to an existing network a CKR and/or circuit identifier is required:**

CKR       Circuit identifier

If a change is requested, please explain change

3) PROVIDER AND PRICING

**Provider** *(select one)*:  AT&T DIR-TEX-AN-NG-CTSA-005 (24-month term) Charter/Spectrum DIR-TEX-AN-NG-CTSA-008

CenturyLink/TW Telecom DIR-TEX-AN-NG-CTSA-004  CenturyLink/Level 3 DIR-TEX-AN-NG-CTSA-004

**Term agreement** (*in months)*:

4) CIRCUIT INFORMATION

Access Speed:  10M  100M  1 G

Type of Connection:  Point to Point  Point to Multi-Point

Port Speed: *Select one*:  1.5M  2M  4M  5M  8M  10M  20M  30M  40M  50M  60M  70M  80M

90M  100M  200M  300M  400M  500M  600M  1 G  5 G  10 G Other

5A) **LOCATION 1 INFORMATION**

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

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

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

**Building Room Number:**

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

**Primary cell phone number:**

**Primary’s e-Mail Address:**

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

**Alternate cell phone number:**

**Alternate e-Mail Address:**

**Access/PORT Speed       Port/CIR**

5B) LOCATION 1 CONNECTION HANDOFF/POWER/ETC. (Charter/Spectrum and CenturyLink orders Only. AT&T ASE orders use AT&T Technical Questionnaire.)

Type of Handoff:  **Fiber** If Fiber:  **Single Mode** (or)  **Multi-Mode** If Fiber:  **LC Connector** (or)  **SC Connector**

**Copper**

If new equipment is to be installed, **Type of Power:**  **AC Power** (or)  **DC Power**

Duplex Mode:  **Full**  (or)  **Half**  (or)  **Auto**

**Will you need Lumen to extend the demarc?**  **No**  (or)  **Yes** **If Yes, Floor Number**       **and/or Suite Number**

I**f LOA is needed, who is the “Third Party Provider / Vendor” ?**

**Multiplex or Transparent mode:**  **Multiplex** (or) **Transparent**  (CenturyLink only)

**Multiplex requires VLAN tag(s). What are the VLAN tag(s) you will be sending across this circuit?**

6A) LOCATION 2 INFORMATION

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

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

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

**Building Room Number:**

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

**Primary cell phone number:**

**Primary’s e-Mail Address:**

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

**Alternate cell phone number:**

**Alternate e-Mail Address:**

**Access/PORT Speed       Port/CIR**

6B) LOCATION 2 CONNECTION HANDOFF/POWER/ETC. (For Charter and Lumen Orders Only. AT&T ASE orders use AT&T Technical Questionnaire.)

Type of Handoff:  **Fiber** If Fiber:  **Single Mode** (or)  **Multi-Mode** If Fiber:  **LC Connector** (or)  **SC Connector**

**Copper**

If new equipment is to be installed, **Type of Power:**  **AC Power** (or)  **DC Power**

Duplex Mode:  **Full** (or)  **Half**  (or)  **Auto**

**Will you need Lumen to extend the demarc?**  No (or)  Yes **If Yes, Floor Number**       **and/or Suite Number**

**Multiplex or Transparent mode:**  **Multiplex**  **Transparent**  (CenturyLink only)

**Multiplex requires VLAN tag(s). What are the VLAN tag(s) you will be sending across this circuit?**

7) REMARKS Provide any special requests and additional information.

**Please attach the Vendor Price Quote to Ensure Correct Pricing**