|  |
| --- |
| **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

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**