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| STATE OF TEXAS – DEPARTMENT OF INFORMATION RESOURCES – TELECOMMUNICATIONS DIVISION P. O. BOX 13564, AUSTIN, TX 78711-3564 |
| **DIR SERVICE ORDER FORM**[ ]  I am authorized to place this order on the behalf of the agency cited below.[ ] I have consulted with the DIR engineer team and/or my Service Fulfillment representative regarding initiating this order.[ ]  **I request a quote prior to this order being initiated.**[ ]  **I have a quote provided by DIR for this request and am ready to proceed with the order.**After completing, save as a MS Word file and send file as an e-mail attachment to: **TELECOM.SOLUTIONS@DIR.TEXAS.GOV** |
| Agency Name | Click or tap here to enter text. |
| Agency Code | Click or tap here to enter text. |

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| Division Code | Click or tap here to enter text. |
| Order Submitted by: | Click or tap here to enter text. |
| Phone Number: | Click or tap here to enter text. |
| E-mail address: | Click or tap here to enter text. |
| Date of This Request: | Click or tap here to enter text. |
| Requested Due Date: | Click or tap to enter a date. |
| Type of Service: | *Check those that apply below.* |
| [ ]  DIR Internet Service (DINT)[ ]  DIR Fiber service (FIBER)[ ]  DIR Layer2 Service (L2VPN)[ ]  DIR Layer3 Service (L3VPN)[ ]  DIR VoIP Service (VOIP) | [ ]  DIR Colocation and/or Rack Service (COLO)[ ]  DIR Data Center Connectivity (DCS)[ ]  DIR DNS Service (DNS)[ ]  DIR List Serv Service (LISTSERV)[ ]  DIR Other  |

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| DIR CONNECTION INFORMATION (From DIR Invoice, if existing connection): |
| Circuit ID: | Click or tap here to enter text. |
| **CKR:** | Click or tap here to enter text. |
| **Vendor Circuit ID if one is associated with this connection**  | Click or tap here to enter text. |
| **Building(s) and/or address(es) associated with this order (NSOC, SHB, REJ, Austin Data Center, etc.):** | Click or tap here to enter text. |
| **Current Bandwidth:** | Click or tap here to enter text. |
| **Requested Bandwidth:** | Click or tap here to enter text. |
| **SHORT DESCRIPTION OF CUSTOMER NEED: Submit network diagram(s) with this form if available.** |
| Click or tap here to enter text. |

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| **PRIMARY CONTACT INFORMATION** | **TECHNICAL CONTACT INFORMATION** |
| PRIMARY NAME: | Click or tap here to enter text. | TECHNICAL NAME | Click or tap here to enter text. |
| PHONE: | Click or tap here to enter text. | PHONE: | Click or tap here to enter text. |
| CELL PHONE: | Click or tap here to enter text. | CELL PHONE: | Click or tap here to enter text. |
| EMAIL: | Click or tap here to enter text. | EMAIL: | Click or tap here to enter text. |