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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**](mailto: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. |