

CALNET CATR/ATR DESIGNATION FORM CDT-965
CHIEF AGENCY TELECOMMUNICATIONS REPRESENTATIVE (CATR)
AGENCY TELECOMMUNICATIONS REPRESENTATIVE (ATR)

Procedures can be found in STMM 300 and 300.1	Action	Action
Instructions:	CATR (check one box below)	ATR (check one box below)
Complete 1-8 to add new CATR/ATR	<input type="checkbox"/> Add CATR (one per agency)	<input type="checkbox"/> Add ATR
Complete 1,4,6 and 8 to remove CATR/ATR	<input type="checkbox"/> Remove CATR	<input type="checkbox"/> Remove ATR
Complete 1-8 for new changes	<input type="checkbox"/> Change CATR	<input type="checkbox"/> Change ATR
1. Name:		
2. Title:		
3. Telephone Number: (Include area code & extensions)		
4. Email:		
5. Address: (Include Street or PO Box)		
6. State Entity:		
7. Unit Name:		

8. Approval: The signature of the CATR or CATR's Supervisor/Manager below authorizes the identified CATR/ATR above to order CALNET services/equipment and to sign the STD. 20 or STD. 065 on behalf of the identified Department above. The signature may also represent a change or removal of a CATR/ATR.

Signature

Name

Title

Date

Submit Form: Email: CALNETHelp@state.ca.gov **Mail:** California Department of Technology PO Box 1810 MS Y-13 Rancho Cordova, CA 95741-1810 **ATTN:** CALNET Program **Questions:** (916) 657-9150

CALNET CATR/ATR DESIGNATION FORM CDT-965

Please complete the form below for additional assignments. (If necessary, submit multiple forms)

Complete 1-8 to add a new ATR	<input type="checkbox"/> Add ATR	<input type="checkbox"/> Add ATR	<input type="checkbox"/> Add ATR
Complete 1,4, 6, and 8 to remove ATR	<input type="checkbox"/> Remove ATR	<input type="checkbox"/> Remove ATR	<input type="checkbox"/> Remove ATR
Complete 1-8 for new changes	<input type="checkbox"/> Change ATR	<input type="checkbox"/> Change ATR	<input type="checkbox"/> Change ATR
1. Name:			
2. Title:			
3. Phone:			
4. Email:			
5. Address:			
6. State Entity:			
7. Unit Name:			

8. Approval: The signature of the CATR or CATR's Supervisor/Manager below authorizes the identified CATR/ATR above to order CALNET services/equipment and to sign the STD. 20 or STD. 065 on behalf of the identified Department above. The signature may also represent a change or removal of a CATR/ATR.

_____ Signature

_____ Name

_____ Title

_____ Date

Submit Form: Email: CALNETHelp@state.ca.gov **Mail:** California Department of Technology PO Box 1810 MS Y-13 Rancho Cordova, CA 95741-1810 **ATTN:** CALNET Program **Questions:** (916) 657-9150