

# California Department of Technology (CDT)

## TELECOMMUNICATIONS SERVICE REQUEST FORM (STD. 20)

### INSTRUCTIONS

#### 1. Contractor Selection

Ordering Agencies are strongly encouraged to obtain multiple quotes from the Contractors identified in the CALNET contracts to facilitate obtaining the best price for services. However, multiple quotes are not required.

#### 2. Service and Equipment Ordering Requirements

- a. State Agencies (CATR/ATR) are required to use the following:
  - Ordering Services – Requires a Telecommunications Service Request (STD. 20); and
  - Ordering Equipment – Requires a Purchasing Authority Purchase Order (STD. 65).
- Upon Contractor selection, the customer will submit the Form 20 to the Contractor. Awarded Contractor information located in the [CALNET User Instructions – Attachment 1](#).
- For questions on use of the form, or for assistance in completing the form, call (916) 657-9150 and request to speak with a Customer Service Representative.

1. <b>AGENCY REQUEST NO:</b>	Enter a number <b><u>assigned by your department</u></b> for tracking purposes. NOTE: All other forms/documents associated with this request shall use the <b><u>same number</u></b> .
2. <b>DATE:</b>	Enter the date of the request.
3. <b>TYPE OF REQUEST:</b>	Section 7 allows for multiple requests/actions that relate to the same Agency Request Number and same Contractor.
<ul style="list-style-type: none"><li>• Service, Equipment or Other:</li></ul>	Identify what you are trying to accomplish with this service request by checking all boxes that apply. Specify in section 7 if your request is an add, move, change, or disconnect. To order equipment, submit a <a href="#">Form 65</a> with the <a href="#">Form 20</a> .

<ul style="list-style-type: none"> <li>▪ Contractor Name</li> </ul>	<p>Identify the Contractor Name that you are requesting service(s) from.</p>
<p><b>4. AGENCY INFORMATION:</b></p> <ul style="list-style-type: none"> <li>▪ Department (Agency, Office, etc.):</li> <li>▪ Contact Name:</li> <li>▪ Telephone Number:</li> <li>▪ Fax Number:</li> <li>▪ Division (Unit, etc.):</li> <li>▪ General Services Agency Code:</li> <li>▪ E-Mail Address:</li> <li>▪ Present Service Address:</li> <li>▪ Requested Service Address:</li> <li>▪ Billing Address:</li> </ul>	<p>Enter the name of your department.</p> <p>Enter the name of the staff person to contact to allow the vendor/technician access to the building/service location.</p> <p>Enter the Contact Person's phone number.</p> <p>Enter Contact Person's Fax Number.</p> <p>Enter the Division or organizational unit for which this request applies.</p> <p>Enter the applicable five-digit billing code, assigned by the Department of General Services Accounting Section.</p> <p>Enter the Contact Person's E-mail Address.</p> <p>Enter the full address of your present service. Include any room or building numbers.</p> <p>Enter the full address where service is to be located, if different from present service. If new service is at the same address, write "same."</p> <p>Enter the address where the bill is to be mailed for payment.</p>
<p><b>5. ELIGIBILITY:</b></p>	<p>Place a check in the box that best describes the eligibility requirement met in order to be able to request services.</p> <p>Requests from non-State agencies (local or federal government) must complete and file a <a href="#">Non-State Agency Service Policy</a> with CDT prior to first order. Then submit an <a href="#">Authorization to Order (ATO)</a> to the Contractor that you will be ordering services from.</p>

<p><b>6. CATR/ATR Information</b></p> <p>NOTE: Only currently authorized CATR/ATRs may sign STD. 20 forms.</p> <p>For information on becoming a CATR/ATR, see <u>STMM Chapter 300.0</u></p>	<p>To be completed by the CATR or ATR: Print or type:</p> <ul style="list-style-type: none"> <li>• your name</li> <li>• e-mail address (this field is important so that you can receive vital updates and information from CALNET)</li> <li>• telephone number</li> <li>• fax number</li> <li>• address</li> <li>• signature</li> <li>• title</li> <li>• date</li> </ul> <p>Sign the request in the space provided. Signature indicates that this request complies with State law and policy.</p>
<p><b>7. ORDER DETAIL:</b></p> <ul style="list-style-type: none"> <li>▪ Add, Change, Disconnect or move:</li> <li>▪ Requested Date of Service:</li> <li>▪ Quantity:</li> <li>▪ Monthly Recurring Cost:</li> <li>▪ Non-Recurring Cost:</li> <li>▪ State Contract Number</li> <li>▪ Product ID:</li> </ul>	<p>This section has the ability to repeat itself by clicking on the “Additional Request” button. If an agency has, the need to accomplish more than one activity with the same Agency Request Number and same Contractor it can be accomplished on one form. Identify one request at a time then click on the “Additional Request” button to proceed with the next request.</p> <p>Check the box that identifies the action you are requesting.</p> <p>Enter the date the service is to take effect. REMEMBER to allow sufficient time for review, approval, and processing of the order. “ASAP” is not meaningful and should not be used.</p> <p>Identify the quantity of your request.</p> <p>Identify the monthly recurring contract rate.</p> <p>Identify the non-recurring contract rate (i.e. install charge, one-time charge).</p> <p>Identify the State Contract Number that you are requesting the service from.</p> <p>Identify the Contractor assigned product/featureidentification number.</p>

<ul style="list-style-type: none"><li>▪ Existing Billing Account Number</li> <li>▪ Description:</li> <li>▪ Comment:</li></ul>	<p>If requesting a new service not associated with any existing, account, or billing number, leave this space blank. If this request is for modifications or additions to an existing service, enter the primary account number.</p> <p>Identify the name of the product/feature.</p> <p>Identify any special requests. (i.e., Install 3 Centrex lines to terminate on existing RJ11C jacks. Apply call forward don't answer feature on each line – forward to 323-xxxx)</p>
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\*SAM = [State Administrative Manual](#)

\*STMM = [State Telecommunications Management Manual](#)

\*ATR = [Agency Telecommunications Representative](#)