California Department of Technology (CDT)

TELECOMMUNICATIONS SERVICE REQUEST FORM (Form 20) INSTRUCTIONS

1. Contractor Selection

Ordering entities are strongly encouraged to obtain multiple quotes from the contractors identified in the CALNET contracts to obtain the best service price; however, multiple quotes are not required.

2. Service and Equipment Ordering Forms

- Telecommunications Service Request (Form 20) This form is used to order telecommunication services.
- Purchasing Authority Purchase Order (STD. 65) This form is used to order equipment.

3. Order Submission

Upon Contractor selection, State entities Chief Agency Telecommunications Representative (CATR) or Agency Telecommunications Representative (ATR) Information, will submit a Form 20 and/or STD. 65 directly to the Contractor. Awarded Contractor's contact information is in the CALNET User Instructions.

The following provides detailed instructions for completing a Form 20.

A. SERVICE REQUEST NUMBER:	Enter a number assigned by your department for tracking purposes. NOTE: All other forms/documents associated with this request shall use the same number.
	This information is part of a repeating header that will auto-populate if this information is entered before another page is added. If this field is left blank when adding a second page or beyond, you will need to manually type this number into the header of each page.
B. DATE:	Enter the date of the request.
	This information is part of a repeating header that will auto-populate if this information is entered before another page is added. If this field is left blank when adding a second page or beyond, you will need to manually type this date into the header of each page.

C.	REQUEST TYPE AND CONTRACTOR INFORMATION:	
	SERVICEEQUIPMENT*OTHER	Select the request type that applies. *To order equipment, submit the STD 65 with a Form 20.
	FORMS button:	Click this button to access STD. 65, ATO, and NESPA forms.
	CONTRACTOR NAME and ADDRESS:	Identify the contractor's name and address that you are requesting service(s) from.
		Enter the contractor's name into the top line and the address in the second. Addresses can be entered as two lines by using the enter key.
D.	ENTITY INFORMATION:	
	DEPARTMENT (entity, office, etc.):	Enter the name of your department.
	CONTACT NAME:	Enter the name of the contact person to contact to allow the vendor/technician access to the building/service location.
	TELEPHONE NUMBER:	Enter the contact person's phone number.
	DIVISION (unit, etc.):	Enter the division or organizational unit to which this request applies.
	GENERAL SERVICES AGENCY CODE:	Enter the applicable five-digit billing code assigned by the Department of General Services accounting section.
	E-MAIL ADDRESS:	Enter the contact person's e-mail address.
	PRESENT SERVICE ADDRESS:	Enter the full address of your current service. Include any room or building numbers.
	REQUESTED SERVICE ADDRESS:	Enter the address where the service is to be located if different from the current service. If a new service is at the same address, write "same."
	BILLING ADDRESS:	Enter the address where the bill is to be mailed for payment.

E.	ELIGIBILITY:	
	 STATE GOVERNMENT LOCAL GOVERNMENT FEDERAL GOVERNMENT 	Select the government type that best describes your entity.
		Before the first order, non-state entities (local or federal government), must complete and submit a Non-State Entity Service Policy and Agreement (NESPA), and an Authorization to Order (ATO) per the CALNET User Instructions.
	FORMS button:	Click this button to access STD. 65, ATO, and NESPA forms.
F.	CATR/ATR Information	The CATR or ATR shall complete all information in this section. For information on becoming a CATR/ATR, see STMM Chapter 300.0
		The email address field is essential to receive vital updates and information from CALNET.
		Only currently authorized CATRs/ATRs may sign a Form 20.
G.	ORDER DETAIL:	
	ADDCHANGEMOVEDISCONNECT	Select the action that identifies what you are requesting.
	STATE CONTRACT NUMBER:	Identify the CALNET contract number.
	BILLING ACCOUNT NUMBER:	If this request is for modifications or additions to an existing service, enter the primary account number. Leave this space blank if requesting a new service not associated with any existing account or billing number.
	MISCELLANEOUS INFO:	Use this space if additional information needs to be provided regarding the order detail.
	REQUESTED DATE OF SERVICE:	Enter the date the service is to take effect. REMEMBER to allow sufficient time for review, approval, and processing of the order. Note: "ASAP" should not be used in lieu of a date.
	FEATURE ID/USOC/PRODUCT ID:	Enter the feature identifier (ID), USOC, or product ID located in the state contract service catalog.
	QUANTITY:	Enter the quantity of products/features.

MONTHLY RECURRING COST (MRC):	Enter the monthly recurring contract rate.
NON-RECURRING COST (NRC):	Enter the non-recurring contract rate (i.e., install charge, one-time charge).
ADD button (Add FEATURE ID/USOC/PRODUCT ID line items page):	If more than (3) line items are needed, click the ADD button to create an additional page.
page).	If an added page is no longer needed, it must be deleted manually. Manual deletion is done by selecting the page thumbnails in the upper left corner of the PDF. Select the page and delete.
DESCRIPTION/COMMENTS:	Use this section to add a description if needed or identify any special requests.
	Example: Install 3 Centrex lines to terminate on existing RJ11C jacks.
ADD button (Add DESCRIPTION/COMMENTS page):	An additional DESCRIPTION/COMMENT page is available by clicking the "ADD" button found under the DESCRIPTION/COMMENT field. This will generate an additional page where the description and comments can be continued. You may add as many DESCRIPTION/COMMENTS pages as needed.
	If an added page is no longer needed, it must be deleted manually. Manual deletion is done by selecting the page thumbnails in the upper left corner of the PDF. Select the page and delete.
CATR/ATR SIGNATURE:	The CATR or ATR shall electronically sign the document.
TITLE:	Enter the title of the person signing.
DATE:	Enter the date of signature.
CHECKBOX (mandatory):	This checkbox is <u>required</u> and is an acknowledgment by the CATR/ATR that any additional pages added to the request were approved.
PAGE TOTAL (mandatory):	The page total box is <u>required</u> and will NOT populate automatically. The total number of pages in the request must be entered manually.

For questions on the use of the form or for assistance in completing the form, call the CALNET Customer Service Line: (916) 657-9150 or email CALNETHelp@state.ca.gov.