



CHIEF AGENCY TELECOMMUNICATIONS REPRESENTATIVE (CATR)

PLEASE PRINT CLEARLY	CATR Information:	CATR Information:
Instructions (Check appropriate box to the right and follow the instructions below)	ACTION TO BE TAKEN (Check all boxes that apply)	ACTION TO BE TAKEN (Check all boxes that apply)
A. (Complete #s 1-9 to add a person)	A. Add new CATR (one only) <input type="checkbox"/>	A. Add new CATR (one only) <input type="checkbox"/>
B. (Complete boxes 1, 6 & 9 for the person to be removed.)	B. Remove current CATR <input type="checkbox"/>	B. Remove current CATR <input type="checkbox"/>
C. (Complete boxes 1, 6 & 9 for the person(s) that the changes apply to, then complete the additional applicable boxes)	C. Change CATR information <input type="checkbox"/>	C. Change CATR information <input type="checkbox"/>
1. Name:		
2. Title:		
3. Telephone Number: <i>(Include area code & extensions)</i>		
4. Fax Number: <i>(Include area code)</i>		
5. Mailing Address: <i>(Include Street or PO Box, City/State/Zip)</i>		
6. Agency Name:		
Division/Office Name:		
Unit Name:		
7. Inter-Agency Mail Station (IMS) Code <i>(State Agencies Only)</i>		
8. E-Mail Address		
9. Approval: The signature of the CATR or CATR's Supervisor/Manager below provides the new CATR listed here the authority to sign STD. 20s to order telecommunications services/equipment, and indicates authorization of the reported adds and changes.		
_____ Chief ATR or Chief ATR's Supv/Mgr Signature	_____ Date	

CALIFORNIA DEPARTMENT OF TECHNOLOGY SERVICES (CDT) Statewide Telecommunications and Network Division (STND)

CHIEF AGENCY TELECOMMUNICATIONS REPRESENTATIVE (CATR)

CDT/STND-965 CATR DESIGNATION FORM INFORMATION AND INSTRUCTIONS

PURPOSE:

Use the CATR Designation Form to add or change your agency's* designated CATR, or their related information.

Local government agencies are encouraged to designate CATRs so they will receive pertinent information regarding the CALNET Contract.

*Agency is defined as any State government agency, department, office, board or commission.

BACKGROUND AND INFORMATION:

State agencies are required to provide an updated CATR Designation Form whenever there is a change in an agency's CATR designation(s). (Local government agencies are encouraged to complete updated CATR designation forms.)

The updated information is used by the CDT/STND to maintain a current list of authorized CATRs, and indicates the appointed CATRs have been cleared to act on behalf of the agency. This list is provided to the CALNET vendors so that they can determine who is authorized to place orders and expend funds for telecommunications products and services. These updated designations will also ensure timely receipt of pertinent information regarding the CALNET Statewide Contract and other telecommunications and network services information.

This information will be provided by e-mail, so it is important to provide at least two e-mail addresses to cover absences. Additionally, CATRs and ATRs or other interested parties are encouraged to visit the [CDT/STND CALNET website](#) and request access to the [CALNET Application Management System \(CAMS\)](#) to obtain automatic notification of new information.

A new form should be submitted any time the following changes occur:

1. A new CATR is appointed. (Each agency must have a single CATR at the supervisory level or above.)
2. A CATR needs to be removed from the list.
3. There is a change to any of the information for a CATR or ATR (e.g. change of address, phone number, e-mail address).

When a CATR is designated or changed, the form should be signed by the supervisor/manager of the CATR.

Refer to the State Telecommunications Management Manual (STMM), [STMM Chapter 0300.0 for](#) more information on CATR responsibilities.

HOW TO COMPLETE THE FORM:

1. Check the appropriate boxes under “Action to be taken.” The instructions in the left-hand column correspond to the letter of the box checked. Fill out all fields on the form for each new CATR.

Please print clearly.

2. If there is a change in the current CATR information, provide the new information in the appropriate box. For example, if the telephone number of the CATR has changed, check the box, “C. Change in CATR information,” complete the information in numbers 1 and 2, then enter the new phone number with area code and extension in box 4.
3. Two different e-mail addresses are required as a backup during absences to help ensure telecommunications information from CDT/STND is received and acted upon promptly.
4. The CATR or CATR’s supervisor must sign and date the form.
5. E-Mail the PDF fillable form or mail the completed form to:

E-Mail:

CALNEThelp@State.CA.Gov

Mail:

California Department of Technology Services
Statewide Telecommunications and Network Division
PO Box 1810 MS Y-13
Rancho Cordova, CA 95741-1810
ATTN: CALNET CATR Coordinator

7. For questions on use of the CATR Designation Form (CDT/STND-965), or for assistance in completing the form, Email CALNEThelp@state.ca.gov or call (916) 657-9150, and request to speak with the CATR Coordinator.