**SIP Order Form (TEX-AN)**

Before ordering service go to: <https://dir.texas.gov/communications-technology-services/tex-voice-and-data-vendor-contracts> and review the contracts and pricing. Call 877-472-4848 Option 4 for assistance.

Customer agrees to abide by the applicable terms and conditions of the vendor’s communications technology services agreement and the related customer services agreement for the services. (This box must be checked for order issuance.)

Send completed order form with the vendor price quote to: [telecom.solutions@dir.texas.gov](mailto:telecom.solutions@dir.texas.gov)

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| 1) Customer Account Information | | | |
| Account Code | Click here | Division Code | Click here |
| Account Name | Click here | Division Name | Click here |
| Order Submitted By | Click here | Phone Number | Click here |
| Email Address | Click here | | |
| Date of this Request | Click here | Requested Due Date | Click here |
| Expedite Request | No  Yes**\* \***If Yes is checked, customer agrees to pay any expedite charges. | | |

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| 2) Type of Request (Select One) |
| Install New SIP Trunking – Go to Section 4 |
| Change – What are you changing?  Porting Number(s)  Add Number(s) to Circuit  Location  Provisioning  Other |
| Which circuit are you changing? CKR Click here Circuit ID Click here  Explain the change you are requesting: Click here |
| To disconnect a circuit, use the Disconnect Circuit Order Form found here:  <https://dir.texas.gov/resource-library-item/disconnect-circuit-order-form> |

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| 3) Provider | | |
| AT&T DIR-TELE-CTSA-002 | | Charter DIR-TELE-CTSA-009 |
| CenturyLink (Lumen) DIR-TELE-CTSA-004 | | Comcast DIR-TELE-CTSA-010 |
| Granite DIR-TELE-CTSA-012 | | NWN DIR-TELE-CTSA-014 |
| Verizon DIR-TELE-CTSA-015 | | Windstream DIR-TELE-CTSA-016 |
| Term Agreement | No Term  12 months  24 months  36 months  Other Click here | |

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| 4) New Install | | | | | | | | | |
| Related Internet/MPLS Circuit Work Order# | | | | Click here | | | Circuit ID | | Click here |
| AT&T Only | | | | | | | | | |
| The SIP trunking must be over a AVPN or MIS circuit. A new test number will be assigned. Customer has the option for a vanity number. Add your requested number in Section 8 - Remarks. | | | | | | | | | |
| Choose one | AVPN  MIS  MIS PNT (Private Network Transport allows COS and adds security.) | | | | | | | | |
| Is this platform existing? | | | Yes  No (A separate order form will need to be submitted.) | | | | | | |
| Rate Plan | | | A  B  C | | | | | | |
| Lumen Only | | | | | | | | | |
| Circuit Type | | T-1  NXT1 (Bonded T1s)  DS-3  OC-3  Ethernet  1.5 MB 1-8 DS-1’s 45 MBPS 155MBPS | | | | | | | |
| Circuit Speed | | Click here Indicate the bandwidth required if less than 1.5M, bonding T1s or Ethernet | | | | | | | |
| Port Speed | | Click here | | | | | | | |
| Connection Type | | Copper  Fast Ethernet  Fiber Ethernet  Gigabit  Other Click here | | | | | | | |
| PBX Manufacturer | | Click here | | | | PBX Model | | Click here | |
| PBX Software Release | | | | | Click here | | | | |
| Number of digits PBX sends for outgoing calls | | | | | Click here | | | | |
| Anticipated max number of concurrent calls | | | | | Click here | | | | |
| Is a second circuit required for redundancy? | | | | | No  Yes\* \*If Yes, customer agrees to pay for second circuit. | | | | |

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| 5) Location – Address and Contact Information | | | | | | | | | |
| Location Name | Click here | | | | Building Name/Number | | | Click here |
| Street Address | Click here | | | | City, State, ZIP | | Click here | |
| Cross Street – Street names of nearest intersection | | | | Click here | | | | | |
| Floor/Room/Wall where circuit will be installed | | | | Click here | | | | | |
| Provide Primary, Alternate, Technical and Maintenance contacts for this location. All contacts are necessary. | | | | | | | | | |
| Primary Name | | Click here | Alternate Name | | | Click here | | |
| Primary Phone | | Click here | Alternate Phone | | | Click here | | |
| Primary Cell | | Click here | Alternate Cell | | | Click here | | |
| Primary E-mail | | Click here | Alternate E-mail | | | Click here | | |
| Technical Name | | Click here | Maintenance Name | | | Click here | | |
| Technical Phone | | Click here | Maintenance Phone | | | Click here | | |
| Technical Cell | | Click here | Maintenance Cell | | | Click here | | |
| Technical E-mail | | Click here | E-mail for circuit maintenance notifications | | | Click here | | |
| Working Telephone Number onsite - Land line required | | | | | | Click here | | |

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| 6) Telephone Numbers | |
| Do you need new telephone numbers? | No  Yes\*  \*If Yes, how many numbers? Click here |
| Do you need to port telephone numbers to the SIP Trunking? | No  Yes\*  \*If Yes, provide numbers and BTN in Section 7 |
| Lumen Only | |
| Are you adding SIP Seats? | No  Yes\*  \*If Yes, how many SIP Seats? Click here |

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| 7) Telephone Number(s) to Port  If changing to a different carrier a Customer Service Record (CSR) request will be required. | | | | | | | |
| If more than 10 than lines are needed, complete an Additional Numbers Spreadsheet Form  and send it with this form when you place your order. | | | | | | | |
| Working Telephone Number(s) or Range (if applicable) | | Name to Appear on DIR Invoice  Provide first and last names if you need them to appear on the DIR invoice associated with the telephone numbers. | | Billing Telephone Number | Is number currently PIC’d to  TEX-AN? | |
| WTN | | Last Name | First Name | BTN | Yes | No |
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| 8) Remarks –Provide any special requests and additional information. |
| Click here |