

**Louisiana Office of Telecommunications Management
H.323 IP Video Conferencing Site Registration Form (OTM-36)**

Date _____

Department _____

Office _____

Unit _____

Primary Contact Information

Alternate Contact Information

| | |
|-------------|-------------|
| Name _____ | Name _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |

Gatekeeper Information

Gatekeeper in use

If gatekeeper in use, are endpoints registered? Yes No

Do you use E.164 Dialing? Yes No If so, how many digits in dial plan?

Gatekeeper Zone Prefix(es) _____

Endpoint/Codec/MCU Information

| 1 | 2 |
|-------------------------------|-------------------------------|
| Manufacturer _____ | Manufacturer _____ |
| Model _____ | Model _____ |
| Software Revision _____ | Software Revision _____ |
| IP Address(priv/public) _____ | IP Address(priv/public) _____ |
| Local Technical Contact _____ | Local Technical Contact _____ |
| Phone (E.164 alias) _____ | Phone (E.164 alias) _____ |
| Local Device Name _____ | Local Device Name _____ |
| Device location _____ | Device location _____ |

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Endpoint/Codec/MCU Information (continued)

| | |
|---|--|
| <p>3</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Software Revision _____</p> <p>IP Address (priv/public) _____</p> <p>Local Technical Contact Name/Phone/Email _____</p> <p>Phone (E.164 alias) _____</p> <p>Local Device Name (H.323 alias) _____</p> <p>Device location (bldg/rm/flr) _____</p> | <p>4</p> <p>Manufacturer _____</p> <p>Model _____</p> <p>Software Revision _____</p> <p>IP Address(priv/public) _____</p> <p>Local Technical Contact Name/Phone/Email _____</p> <p>Phone (E.164 alias) _____</p> <p>Local Device Name (H.323 alias) _____</p> <p>Device location (bldg/rm/flr) _____</p> |
|---|--|

For OTM Use Only

Date:

Fax the completed form to 225-219-7775