

Louisiana Office of Technology Services Network Services Ethernet Service Order Form (NS-38)

OTS-NS Order Number _____
(To be assigned by OTS-NS)

page 1 of _____

Selected Service Provider and Contract# _____

Attach quote form of service provider selected

***Vendors: Please bill OTS-NS per contract terms only**

Agency Cost Center Number _____ Due Date Requested _____
Department _____ Prepared By _____
Office _____ Date Prepared _____
Primary Contact _____ Alternate Contact _____
Telephone Number _____ Telephone Number _____
Email Address _____ Email Address _____

TC Approval

_____ Vendor Billing Account No. _____
Project ID if assigned (To be assigned by OTS-NS)

Service Requested

Action Required (check appropriate boxes)

New Install Change Existing Indicate Circuit ID: _____ Disconnect

Interface (select appropriate box)

120V AC-Powered Electrical Interface 48V DC-Powered Electrical Interface
 120V AC-Powered Single Mode Optical Interface 48V DC-Powered Single Mode Optical Interface
 120V AC-Powered Multimode Optical Interface (Standard) 48V DC-Powered Multimode Optical Interface

If this is a change in port speed, fill in the information:

Port Speed Change from _____ to _____

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For AT&T Switched Ethernet Services (ASE) Only

ASE Service Level (select level) _____ ASE Speed (select speed) _____

ASE Port

10/100

Gigabit

ASE Regenerator (if necessary)

1 Gig

100 Mb

10 Gb

ASE Remarks/Options

For All Other Vendor Ethernet Services

Speed _____

Port Speed (select appropriate option) 10/100

Gigabit

Remarks/Options

These are the standard customer requirements for Ethernet fiber optic-based services. The customer is responsible for providing following:

- (1) Negotiations with and obtaining approval from the building or property owner for the placement of the conduit. Intra-building conduit, if required, is provided by the customer.
- (2) Dedicated electrical power for electrical equipment that may be used, and
- (3) Space in the common telecom room at the customer's premise including appropriate rack or backboard.
- (4) Approved ground

These requirements must be met in order to ensure timely service provisioning.

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Customer Site A/Hub or OTS POP Information

Office _____

Building _____

Floor _____ Room _____

Street _____

City _____

ZIP Code _____

Contact _____ Telephone Number _____

Local number at the location _____ Email Address _____
(if different from the contact's number)

Access hours _____ Access days of week _____

Additional wiring required to extend demarc? Yes No

Name of vendor to extend demarc _____

Note to vendor: Total charges for wiring on this order should not exceed \$2,500.

Driving instructions, if located on a highway or rural route

Remarks

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Customer Site B/Remote Information

Office _____

Building _____

Floor _____ Room _____

Street _____

City _____

ZIP Code _____

Contact _____ Telephone Number _____

Local number at the location _____ Email Address _____
(if different from the contact's number)

Access hours _____ Access days of week _____

Additional wiring required to extend demarc? Yes No

Name of vendor to extend demarc _____

Note to vendor: Total charges for wiring on this order should not exceed \$2,500.

Driving instructions, if located on a highway or rural route

Remarks

Attach a spreadsheet ([NS-38a](#)) for point to multipoint orders and for orders involving more than one POP.