

**Louisiana Office of Technology Services**  
**Telecommunications Coordinator (TC) Appointment/Update Form (OTS-11)**

☐ **New Telecommunications Coordinator Appointment Request** (Check all appropriate items)

- ☐ Include access to the telecommunications/network services bill online
- ☐ I am interested in Telecommunications Coordinator Orientation

☐ **Telecommunications Coordinator Information Update** (Check all appropriate items)

- ☐ The information below should be corrected for the current TC
- ☐ The TC listed below should be deleted
- ☐ The TC listed below should be deleted from the billing portal

☐ **Mr.**   ☐ **Ms.**   ☐ **Dr.**   ☐ **Other** \_\_\_\_\_ (specify)

**Name** \_\_\_\_\_

**LEO Personnel ID (If Available)** \_\_\_\_\_

**Last Four Digits of Social Security Number (If No LEO ID Is Available)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Department** \_\_\_\_\_

**Office** \_\_\_\_\_

**Section** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** Louisiana **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Authority** \_\_\_\_\_  
(agency wide, statewide, etc.)

**Responsible for**      ☐ **Voice**      ☐ **Data**      ☐ **Voice and Data**

**List all OTS-NCS account unit numbers under new TC's authority** (☐ separate sheet attached)

\_\_\_\_\_  
\_\_\_\_\_

This TC is authorized on behalf of the account units listed here to make changes and additions for telecommunications equipment and services and to obligate related funds.

**Signature of Appointing Authority** \_\_\_\_\_

**Printed Name of Appointing Authority** \_\_\_\_\_

**Title of Appointing Authority** \_\_\_\_\_

**Signature of Newly Appointed TC** \_\_\_\_\_

**Date** \_\_\_\_\_

Use Acrobat Reader to open and complete the form. Sign and date, then scan and email the completed form to  
[\\_DOA-OTS-NCSInformationManagement@la.gov](mailto:_DOA-OTS-NCSInformationManagement@la.gov)