

# Louisiana Office of Technology Services Metro DWDM Order Form (NS-53)

OTS ORDER NUMBER \_\_\_\_\_  
(To Be Completed by OTS)

## General Information (All fields are required)

Section 1

Agency Cost Center Number \_\_\_\_\_ Due Date Requested \_\_\_\_\_  
Department/Office/Section \_\_\_\_\_ Date Prepared \_\_\_\_\_  
Primary Technical Contact (PTC) \_\_\_\_\_ Alternate Technical Contact (ATC) \_\_\_\_\_  
PTC Telephone Number \_\_\_\_\_ ATC Telephone Number \_\_\_\_\_  
PTC Email Address \_\_\_\_\_ ATC Email Address \_\_\_\_\_

Telecommunications Coordinator Approval \_\_\_\_\_  
(Signature)

AT&T Master Billing Number \_\_\_\_\_  
(To be assigned by OTS)

## Connection Information (All fields are required)

Section 2

Service Requested  Install  Change\*  Disconnect\*

Request connection between  ISB  DPS  LSU and  ISB  DPS  LSU

Quantity \_\_\_\_\_

### Connection Type/Protocol

- ETR
- Fast Ethernet 100 Base-FX
- Fibre Channel 100
- Fibre Channel 200
- FICON
- FICON Express
- Gigabit Ethernet 1000BASE-LX
- Gigabit Ethernet 1000BASE-SX

### Connection Type/Protocol

- 10 Gigabit Ethernet 10 GBase-LX
- 10 Gigabit Ethernet 10 GBase-SX

\* Existing Circuit ID is needed

Remarks (Optional. Attach additional sheets if necessary)

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