

**Office of Technology Services (OTech)
Statewide Telecommunications Network Division (STND)**

**TELECOMMUNICATIONS SERVICE REQUEST FORM
(STD. 20)**

CALNET 2 INSTRUCTIONS

- All [STD. 20](#) forms for CALNET services must be filled, printed and then signed by the Chief Agency Telecommunications Representative (CATR) or ATR and faxed either to the AT&T Customer Sales Support Center (CSSC) at (888) 371-0200 or Verizon Business at (888) 322-5638 or email VZB at calnet2-orders@verizon.com.
- For **CALNET 2 Consulting Services**, a copy of the STD. 20 and the Statement of Work (SOW) are to be sent as a package to the Contract Customer Service Unit (CCSU) of the California Department of Technology, Statewide Telecommunications and Network Division (STND) for review and approval. STND CCSU staff will forward approved STD. 20 request and SOW to the appropriate CALNET 2 vendor. A copy of the STND approved STD. 20 request package will be sent to the requesting agency for their records. CALNET 2 vendors will not fulfill requests for CALNET 2 Consulting Services that are not approved by STND CCSU. Fax STD. 20 and SOW to STND CCSU at (916) 463-9921.
- For questions on use of the form, or for assistance in completing the form, call (916) 657-9150.

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| 1. AGENCY REQUEST NO: | Enter a number assigned by your department for tracking purposes. NOTE: All other forms/documents associated with this request shall use the same number . |
| 2. DATE: | Enter the date of the request. |
| 3. TYPE OF REQUEST: ▪ Service, Equipment or Other: ▪ Contractor Name | Section 7 allows for multiple requests/actions that relate to the same Agency Request Number and same Contractor. Identify what you are trying to accomplish with this service request by checking all boxes that apply. Specify in section 7 if your request is an add, move, change, disconnect. To order equipment, submit a Form 65 with the Form 20 . Identify the Contractor Name that you are requesting the service from. |
| 4. AGENCY INFORMATION: ▪ Department (Agency, Office, etc.): ▪ Contact Name: | Enter the name of your department. Enter the name of the staff person to contact to allow the vendor/technician access to the building/service location. |

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| <ul style="list-style-type: none"> ▪ Telephone Number: ▪ Fax Number: ▪ Division (Unit, etc.): ▪ General Services Agency Code : ▪ E-Mail Address: ▪ Present Service Address: ▪ Requested Service Address: ▪ Billing Address: | <p>Enter the Contact Person's phone number.</p> <p>Enter Contact Person's Fax Number.</p> <p>Enter the Division or organizational unit for which this request applies.</p> <p>Enter the applicable five-digit billing code, assigned by the Department of General Services Accounting Section.</p> <p>Enter the Contact Person's E-mail Address.</p> <p>Enter the full address of your present service. Include any room or building numbers.</p> <p>Enter the full address where service is to be relocated, if different from present service. If new service is at the same address, write "same".</p> <p>Enter the address where the bill is to be mailed for payment.</p> |
| <p>5. ELIGIBILITY:</p> | <p>Place a check in the box that best describes the eligibility requirement met in order to be able to request services.</p> <p>Requests from non-State agencies (local or federal government) must complete and file a Non-State Agency Service Policy with OTech/STND prior to first order. Then submit an Authorization to Order (ATO) to the contractor that you will be ordering services from.</p> |
| <p>6. CATR/ATR Information</p> <p>NOTE: Only currently authorized CATR/ATRs may sign STD. 20 forms. For information on becoming a CATR/ATR, see STMM Chapter 300.0</p> | <p>To be completed by the CATR or ATR: Print or type:</p> <ul style="list-style-type: none"> • your name • e-mail address (this field is important so that you can receive vital updates and information from DTS-STND) • telephone number • fax number • address • signature • title • date <p>Sign the request in the space provided. Signature indicates that this request complies with State law and policy.</p> |
| <p>7. ORDER DETAIL:</p> | <p>This section has the ability to repeat itself by clicking on the "Additional Request" button. If an agency has the need to accomplish more than one activity with the same Agency Request Number and same Contractor it can be accomplished on one form. Identify one request at a time then click on the "Additional Request"</p> |

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| <ul style="list-style-type: none"> ▪ Add, Change, Disconnect or move: ▪ Requested Date of Service: ▪ Quantity: ▪ Monthly Recurring Cost: ▪ Non-Recurring Cost: ▪ State Contract Number ▪ Feature ID/USOC: ▪ Existing Billing Account Number ▪ Description: ▪ Comment: | <p>button to proceed with the next request.</p> <p>Check the box that identifies the action you are requesting.</p> <p>Enter the date the service is to take effect. REMEMBER to allow sufficient time for review, approval, and processing of the order. "ASAP" is not meaningful and should not be used.</p> <p>Identify the quantity of your request.</p> <p>Identify the monthly recurring contract rate.</p> <p>Identify the non-recurring contract rate (i.e. install charge, one-time charge).</p> <p>Identify the State Contract Number that you are requesting the service from.</p> <p>Identify the contractor assigned product/feature identification number.</p> <p>If requesting a new service not associated with any existing account or billing number, leave this space blank. If this request is for modifications or additions to an existing service, enter the primary account number.</p> <p>Identify the name of the product/feature.</p> <p>Identify any special requests. (i.e. Install 3 Centrex lines to terminate on existing RJ11C jacks. Apply call forward don't answer feature on each line – forward to 323-xxxx)</p> |
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*SAM = [State Administrative Manual](#)

*STMM = [State Telecommunications Management Manual](#)

*ATR = [Agency Telecommunications Representative](#)