



CELLULAR WIRELESS DEVICE & PORTABLE COMPUTING DEVICE REQUEST

When requesting a "Data Plan / Broadband Plan", Section II must be filled out.

SECTION I, CELLULAR WIRELESS DEVICE REQUEST (CTR)

OIT CONTROL NUMBER _____

AGENCY CONTROL NUMBER _____

Either Vendor may be used for an order as of 9/1/2012 contract T216A

VENDOR CHOICE: Verizon Wireless AT&T Mobility

Department _____

Division _____

Agency _____

Date _____

Coordinator _____

Telephone No _____

Activity:

- New Area Code () _____
- Disconnect Number _____
- Suspend Number _____
- Upgrade Equipment Number _____
- Billing Account Chg Number _____
- Vendor Change/Port Number _____

Blackberry Server Name _____

Blackberry Server Seat Number _____

Other Explain _____

Ship To:

Equipment Requested & Associated Cost

Plan# _____ \$

User _____

State Telephone Billing Acct #: _____

Purchase Order: _____

Vendor Acct #: _____

Notes to Vendor:

For OIT Use Only:

Submitted By: _____
Submission Date: _____

SECTION II, PORTABLE COMPUTING DEVICE DATA PLAN (DPR)

Requesting Personnel:

User's Name _____ Work Phone _____

Job Function:

State of NJ Employee Consultant 3rd Party

If State Employee; Civil Service Title/ Classification _____

Home Address _____ Home Phone _____

Provide Justification / Business Case for the Device Request:

Type of Request:

AirCard restricted (A) AirCard Unrestricted (A) AirCard Internal to Laptop (A) MiFi device (A)
 Tablet (T) iPad (T) Smartphone/Android (S) Blackberry (B) Blackberry Tethering (B)

Type of Remote Access:

Mobile Worker Occasional Remote Access Special Project Remote Access Telemetry (Device to Device)

If the device is for remote access, do you have home internet access? YES NO

If yes, provide your home ISP (internet service provider): _____

Check Items to be Accessed Remotely:

SONJ E-Mail Account Departmental Application
 Internet Access Document Folders File Transfer
 Data Base Access System Administration Facilities
 Computer at Office Other _____

Type of Portable Computing Device:

State Owned
 Personally Owned
 Consultant Owned
Make / Model: _____

Departmental / IT Management Representative Signoff:

Print Name _____

Signature _____ Date _____

Mobile Mgmt. Agent Installed and device is in compliance with policy.

"Portable Computing User Agreement" signed by end user.

Departmental / Agency - Director Approval Signoff:

Print Name _____

Signature _____ Date _____