



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 9/7/2012 contract T216A

Vendor Choice Verizon Wireless AT&T Mobility

Department _____ Division _____

Agency _____ Date _____

Coordinator _____ Telephone No _____

| Activity (Include Area Code) | Ship To |
|---|--|
| <input type="checkbox"/> New Number _____ | |
| <input type="checkbox"/> Disconnect Number _____ | |
| <input type="checkbox"/> Suspend Number _____ | |
| <input type="checkbox"/> Upgrade Equipment Number _____ | |
| <input type="checkbox"/> Billing Account Change Number _____ | |
| <input type="checkbox"/> Vendor Change/Port Number _____ | |
| Blackberry Server Name _____ | Equipment Requested & Associated Cost |
| Blackberry Server Seat Number _____ | |
| <input type="checkbox"/> Other Explain _____ | |
| 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

Signature _____ Date _____

Print Name _____

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

"Portable Computing User Agreement" signed by end user.

Departmental/ Agency- Director Approval Signoff

Signature _____ Date _____

Print Name _____