Florida Department of Management Services

Instructions for Filling Out a Communications Service Authorization (CSA) Form to Request Wireless Data Service

COMMUNICATIONS SERVICE AUTHORIZATION
(REGULATED TELECOMMUNICATIONS SERVICE ONLY)

(1) AUTHORIZATION NO.
___ / $W / CD / 0001 / 04 / __
AGY TYPE IND   SEQUENCE YR OPT
     CODE CODE   CODE

1

State Technology Office prior approval is required for all requests which exceed the dollar limit set by Category Two of Chapter 287.017 F.S., and for all intercity (voice and data) or SUNCOM.

(2) THIS REQUEST IS FOR (CHECK ONE BOX ONLY, ONE REQUEST PER FORM): **2**
☒ DATA   ☐ SUNCOM   ☐ LOCAL SERVICE   ☐ RADIO CONTROL   ☒ OTHER Wireless Data

(3) FROM: **3**
AGENCY ____
ADDRESS ____
CITY   STATE   ZIP CODE   -

(4) MAIL TO (NAME AND ADDRESS, ETC.) **4**

(5) LOCATION OF REQUESTED SERVICE (NO P.O. BOX NOS.): **5**
AGENCY ____
AGENCY ____
ADDRESS ____   ROOM
ADDRESS ____
CITY ____   STATE __   ZIP CODE ____-____
PHONE (__)__-____   SUNCOM ___-____
        ON-SITE LOCAL CONTACT:
NAME ____
PHONE (__)__-____   SUNCOM ___-____

(6) SERVICE SUPPLIER (LEAVE BLANK FOR SUNCOM): **6**
COMPANY ____
CITY ____   STATE __
REP NAME ____   (__)__-____
                                   PHONE NO.

(7) FOR TELCO USE ONLY **7**
WORK ORDER NO. ____
COMPLETION DATE __/__/__
BILLING NO. ____
CIRCUIT NO. ____
DIRECTORY LISTING ☐ ADD ☐ DELETE ☐ CHANGE
TELEPHONE NUMBER ASSIGNED/AFFECTED (__)__-____

(8) DATED NEEDED   /   / **8**

(9) DESCRIPTION OF REQUEST: **9**   ESTIMATED COST (LEAVE BLANK FOR SUNCOM)

ITEM NO	QUANTITY	DESCRIPTION	PER UNIT	NON-RECURRING	RECURRING
1		PLEASE PROVIDE WIRELESS CELLULAR DATA SERVICES (AIR CARD) FOR <ENTER NUMBER OF USERS/DEVICES HERE> USERS. <NOTE: IF YOU HAVE A LARGE NUMBER OF USERS, DOWNLOAD AND USE THE CELLULAR DATA USERS INFORMATION EXCEL SPREADSHEET IN THE PRODUCT RESOURCES AREA BELOW> USE THE FOLLOWING DATA AS THE REQUIRED USER INFORMATION TO SETUP THE INDIVIDUAL SERVICES: FIRST NAME: <ENTER FIRST NAME HERE> MIDDLE INITIAL: <ENTER MIDDLE INITIAL HERE> LAST NAME: <ENTER LAST NAME HERE> USER ID: <ENTER USERID HERE> EMAIL ADDRESS: <ENTER EMAIL ADDRESS HERE> USER PHONE: <ENTER USER PHONE HERE> (IF STATE NETWORK ACCESS REQUIRED <ENTER ACCESS IPS & SUBNETS OR ACCESS PROFILE/S>) TECHNICAL CONTACT: <ENTER NAME OF CONTACT> TECHNICAL CONTACT PHONE: < ENTER PHONE NUMBER OF CONTACT > USE <SELECT PROVIDER HERE CINGULAR/ SPRINT/ VERIZON> AS MY SERVICE PROVIDER. PROVIDE A MAXIMUM USAGE OF <SELECT 10 MBYTES/ 20 MBYTES/30 MBYTES/40 MBYTES/UNLIMITED> PER MO <PROVIDE WIRELESS MODEM (INCLUDED WITH ALL BUT CINGULAR).> <PROVIDE WIRELESS MODEM INSURANCE (AVAILABLE ONLY FROM SPRINT).> <PROVIDE STATE NETWORK ACCESS>			

(13) NO. OF ATTACHMENTS: **13**   SUBTOTAL (10) **10** (11) **11**
                                         CSA TOTAL: (12) **12**

(14) WORK WITH CSA/CPLA AUTHORIZATION NOS: **14**

(15) JUSTIFICATION AND PROPOSED USAGE: **15**

(16) DEPARTMENT OF MANAGEMENT SERVICES COMMENTS: **16**

(17) AUTHORIZING OFFICIAL: **17**
NAME
TITLE
SIGNATURE _____
DATE: __/__/__   PHONE (__)__-____   SUNCOM ___-____

(18) DEPARTMENT OF MANAGEMENT SERVICES: **18**
☐ APPROVED   ☐ DISAPPROVED
NAME _____
SIGNATURE _____
DATE: _____

(1) Authorization Number: VERY IMPORTANT. This is the billing number used by the Department Of Management Services (DMS). Any correspondence with DMS about this data service must include the full Authorization (CSA) number.

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Fill in the parts of the CSA Number as follows:

AGY: This is the three-character agency code assigned to your agency by the DMS billing department. You must have an agency code prior to requesting service. If you have any questions on obtaining an agency code please visit the DMS's webpage at http://eits.myflorida.com/customers/ or call 1-888-4-SUNCOM.

TYPE CODE: For Wireless Data Service, the Type code is always $W.

IND CODE: For Wireless Data Service, the IND code is always CD.

SEQ: This sequence number is used for identification of this CSA within your agency. For example, if this is your first Wireless Data Service CSA this year the number would 0001, if it is your 14th it would be 0014. Be sure your agency does not have another Wireless Data Service CSA with the same sequence number in the same year as the sequence number must unique per year.

YR: The year the CSA is submitted (e.g. 04).

OPT CODE: For Wireless Data Service, the OPT code is always 00.

Fill in the other parts of the CSA form as follows:

* The numbers refer to the numbered areas on the CSA form *

(2) Type of Service: For the product select WIRELESS CELLULAR DATA and product action select INSTALL.

(3) From: Address of your agency office.

(4) Mail To:

Always use the following use the default selection "Send to DMS".

* The CSA is a contract with the State of Florida.

(5) Location of Requested Service: **VERY IMPORTANT**. This is the *exact* location where the data service is to be delivered. Be very specific and include such items as

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room number, floor, name of room (e.g. "telephone room", "hardware closet") and the exact street address and building name.

On-Site Local Contact: **Important**. Must be a person at the delivery location who understands what is happening with your new DATA service. There may be instances where this person may need to be contacted for additional information as necessary.

(6) Service Supplier: Leave blank.

(7) For Telco Use Only: Leave blank.

(8) Date Needed: Insert desired service start up date. However, service start up is generally 30 days after service provider's receipt of an approved CSA.

(9) Description: **VERY IMPORTANT**. The available Wireless Data Services are listed under this item. Please fill in the sample text provided in block nine.

PLEASE PROVIDE WIRELESS CELLULAR DATA
SERVICES (AIR CARD) FOR <ENTER NUMBER OF
USERS/DEVICES HERE> USERS.
<NOTE: IF YOU HAVE A LARGE NUMBER OF USERS,
DOWNLOAD AND USE THE CELLULAR DATA USERS
INFORMATION EXCEL SPREADSHEET IN THE PRODUCT
RESOURCES AREA BELOW>
USE THE FOLLOWING DATA AS THE REQUIRED USER
INFORMATION TO SETUP THE INDIVIDUAL SERVICES:
FIRST NAME: <ENTER FIRST NAME HERE>
MIDDLE INITIAL: <ENTER MIDDLE INITIAL HERE>
LAST NAME: <ENTER LAST NAME HERE>
USER ID: <ENTER USERID HERE>
EMAIL ADDRESS: <ENTER EMAIL ADDRESS HERE>
USER PHONE: <ENTER USER PHONE HERE>
(IF STATE NETWORK ACCESS REQUIRED <ENTER
ACCESS IPS AND SUBNETS OR ACCESS PROFILE/S>)
TECHNICAL CONTACT: <ENTER THE NAME OF THE
TECHNICAL CONTACT>
TECHNICAL CONTACT PHONE: < ENTER THE PHONE
NUMBER FOR THE TECHNICAL CONTACT >
USE <SELECT PROVIDER HERE
CINGULAR/SPRINT/VERIZON> AS MY SERVICE
PROVIDER.
PROVIDE A MAXIMUM USAGE OF <SELECT 10 M
BYTES/20 M BYTES/30 M BYTES/40 M
BYTES/UNLIMITED> PER MONTH.
<PROVIDE WIRELESS MODEM (INCLUDED WITH ALL
BUT CINGULAR).>
<PROVIDE WIRELESS MODEM INSURANCE (AVAILABLE
ONLY FROM SPRINT).>
<PROVIDE STATE NETWORK ACCESS>

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Estimated Cost: Leave blank.

(10) Per Unit (Cost): This is the Monthly Recurring Cost (MRC) for the desired service. This cost varies depending on the Service Provider and options you choose. It also varies depending on whether or not you require access to the State Intranet. This field is not required for processing CSA.

(11) Non-Recurring: Leave blank.

(12) CSA Total: This field is calculated by the system and is the quantity times the per unit (Field 10) cost.

(13) No. of Attachments: No entry required. This is system calculated field.

(14) Work with CSA/CPLA Authorization Nos.: Enter any corresponding CSA/CPLA Authorization numbers.

(15) Justification and Proposed Usage: Reason the service is needed (e.g. service improvement, ability to conduct business while away from office, wireless access to State Intranet, etc.).

(16) Department of Management Services Comments: Leave blank.

(17) Authorizing Official: The official within your agency authorized to obligate funds for this service.

(18) Department of Management Services: Leave blank.