

# Instructions for Enhanced Network Services (ENS) Access Service Request (OTM-43) (Rev. 09/2011)

By submitting this request, the subscriber acknowledges having read, understood, and agreed to all the terms and conditions outlined in the ENS Access Service Request Terms and Conditions. OTM will work with the subscriber-designated contacts to arrange the implementation.

Prior to submitting this form, new customers should contact [otm-wan-info@listserv.doa.la.gov](mailto:otm-wan-info@listserv.doa.la.gov) to ensure all rate elements are considered.

## SECTION 1 ENS ACCESS SERVICE SUBSCRIBER INFORMATION

**Organization** Complete name of the organization requesting the service (for example Department of Children and Family Services, Office of Community Services)

**Physical Address** Physical address where circuit will be terminated

**Mailing Address** Mailing address of the technical contact (technically knowledgeable individual assigned to work with the ENS Network Operations Center (NOC) in service installation and problem resolution)

**OTM Accounting Unit** OTM Accounting Unit (cost center) to be billed for the service. If this field is left blank OTM will assign an accounting unit number.

## TYPE OF ACCESS

Choose the class of service: CNA, INTERNET and/or MPLS Intrastate Transport (MIT).

Consult the OTM *Catalog of Services* for access speed options and pricing for INTERNET and MIT bandwidth options. Indicate desired bandwidth in Kbps or Mbps.

## TECHNICAL CONTACTS

**Name** Names of technically knowledgeable individuals assigned to work with the ENS NOC in service installation and problem resolution

**Phone** Ten-digit telephone numbers of technical contacts

**Pager** Pager numbers of technical contacts

**Email** Email addresses of technical contacts

## VOTING REPRESENTATIVE

**Name** Name of individual authorized to represent the dedicated subscriber in voting on issues presented to ENS subscribers. Typically a senior person from the site's data processing or telecommunications organization. Refer to Terms and Conditions included with the forms for a description of responsibilities

**Phone** Ten-digit telephone number of voting representative

**Pager** Pager number of voting representative

**Email** Email address of voting representative

**AGREEMENT**

**Telecommunications Coordinator (Print)** Name of Telecommunications Coordinator (TC) approving the request

**Telecommunications Coordinator (Sign)** Signature of TC approving the request

**Date** Date the form is approved by the TC

**SECTION 2 FRAME RELAY PVC  
FOR ENS ACCESS**

**SUBSCRIBER INFORMATION**

**Department/Agency** Complete name of the organization requesting the service (for example Department of Children and Family Services, Office of Community Services)

**Section/Unit** Section name if the requesting unit is a sub-section of another department (for example Human Resources Section)

**Mailing Address** Mailing address of the agency for billing purposes

**Physical Address** Physical street address where service will be located

**OTM Accounting Unit Number** OTM Accounting Unit (cost center) to be billed for the service. If this field is left blank OTM will assign an accounting unit number..

**FOR OTM USE ONLY**

Leave blank. To be completed by OTM

**ENS SUBSCRIBER PVC END**

**Check the action required** Indicate the appropriate action:  
*New* if there is no existing Frame Relay PVC for ENS Access,  
*Change/Add* to add to or otherwise change existing Frame Relay PVC for ENS Access

*Disconnect* to remove Frame Relay PVC for ENS Access

**Frame Relay Circuit ID** If changing, adding to, or disconnecting existing service, indicate existing Frame Relay Access Circuit Identification number (AT&T). For new service, leave blank

**DLCI** If you are changing, adding to, or disconnecting existing service, indicate DLCI number that is assigned to this PVC (AT&T). For new service, leave blank

**Circuit Account Number** If you are changing or deleting service, indicate existing Frame Relay Access Circuit Account number (AT&T)

**ENS PVC Speed** Requested maximum speed of PVC for access to ENS. This will correspond to rates in the OTM Catalog of Services. Traffic will be burst-limited to this rate over this PVC. Should be equal to Be plus Bc (CIR)

**Be** Excess burst rate is maximum amount of data in excess of Bc that can be delivered over PVC under normal conditions. Data may be discarded under congested conditions. ENS PVC Speed minus CIR equals Be

**Bc** Committed burst rate is maximum amount of data that can be delivered over PVC under normal conditions that is not marked Discard Eligible (higher probability of delivery than Be data). Generally equal to purchased CIR for PVC.

**AUTHORIZATION**

**Telecommunications Coordinator (Print)** Name of Telecommunications Coordinator (TC) approving the request

**Telecommunications Coordinator (Sign)** Signature of TC approving the request

**Date** Date the TC approves the request

**FOR OTM USE ONLY**

Leave blank. ENS PVC End information to be completed by OTM

The form may be submitted by email to [otm-wan-info@listserv.doa.la.gov](mailto:otm-wan-info@listserv.doa.la.gov).

If a response is not received within three days, contact Enhanced Network Services at 225-219-4860.