

# STATE OF WEST VIRGINIA

## Instructions for Completing a Telecommunications Change Request (TCR)

- All TCRs must be typed in order to ensure accurate service delivery.
- Only complete TCR forms can be processed. If there is a question regarding required fields, please consult WVOT. The Network Administrative Services section will assist with the completion of the TCR. However, please allow time for technical and business consultations and research when necessary.
- The date of submission is the date that a complete TCR can be provided to the vendor. Timeframes associated with the installation of services requested begin when a complete TCR is submitted to the vendor.
- Timeframes to be associated with the installation and/or disconnection of services are governed by the particular statewide contract(s) and/or Service Level Agreement(s) for each specific service. However, if special construction is required, the contract timelines are not in effect. Please consult WVOT with questions.
- Email the completed TCR to [tcr@wv.gov](mailto:tcr@wv.gov) for processing. Do not send a TCR to be processed to an individual email address as this could cause delays with processing.

### Information Requested on a TCR:

AGENCY INFORMATION	DESCRIPTION OF INFORMATION REQUESTED
<b>Agency Department (REQUIRED)</b>	Use Department [Org Level 1] (i.e. Transportation)
<b>Agency Name (REQUIRED)</b>	Use Agency Name [Org Level 2] (i.e. Division of Highways)
<b>Division</b>	Division name [Org Level 3], when applicable (i.e. Highways District 1)
<b>Agency Primary Contact (REQUIRED)</b>	This is the decision maker who should be contacted if there are questions regarding TCR costs and/or due date. This person should be familiar with the agency's billing system and account numbers.
<b>Phone # (REQUIRED)</b>	Agency Primary Contact's phone number including extension, if applicable.
<b>Email (REQUIRED)</b>	Agency Primary Contact's email address
<b>Agency On-site Contact (REQUIRED)</b>	Agency Contact Person at location of the service who is aware of the work requested. This person should be on-site and available to provide access to location to WVOT and/or vendor when needed.
<b>Phone# (REQUIRED)</b>	Agency On-site contact's phone number including extension, if applicable. This phone number must be a number at the actual site where services are being installed.
<b>Email (REQUIRED)</b>	Agency On-site Contact's email address
<b>Agency Address (REQUIRED)</b>	The E911 physical address of the location where the requested services are to be performed. This must include the zip code and county. The vendor will not be able to install services without this information.
<b>TCR# (completed by WVOT)</b>	Once the TCR is received by the West Virginia Office of Technology (WVOT) a TCR number will be assigned and placed in this area. This is the number that needs to be referenced when requesting the status of any TCR.
<b>Req. Due Date</b>	This is the requested due date based on the agency business need. However, the physical ability of the vendor to deliver the requested services may change the due date, as well as, contract timelines and physical construction requirements. The WVOT will work with the agency and vendor to meet agency requested due dates as best as possible. If this is an emergency, "EXPEDITE" will be written in this section. Additional charges may apply for expedite requests.
<b>Direct Bill</b>	If the agency receives the bill for services from WVOT, then the "No" box should be marked. If the agency is to receive the bill directly from the vendor, then the "Yes" box should be marked.
<b>WVOT On-Site Tech (completed by</b>	When WVOT on-site assistance is expected, the name of the WVOT

<b>WVOT)</b>	field tech that can respond to vendor questions and assist with delivery of services will be required.
<b>Phone (completed by WVOT)</b>	When WVOT on-site assistance is expected, the phone number of the WVOT field tech who can respond to vendor questions and assist with delivery of services will be required.
<b>Email (completed by WVOT)</b>	If WVOT on-site assistance is expected, the email address of the WVOT field tech that can respond to vendor questions and assist with delivery of services will be required.
<b>REQUESTED VOICE SERVICES</b>	
<b>DESCRIPTION OF INFORMATION REQUESTED</b>	
<b>BAC / Long Distance Account number (Group ID number) (REQUIRED)</b>	The 4-digit Billing Account Code (i.e. 0999) for local voice services and the 10-digit Long Distance Account Number (Group ID number) for long distance services.
<b>Add/Move/Disconnect</b>	Check applicable box for work being requested. Please note that these check boxes are repeated for both local and long distance voice services as well as for calling card requests.
<b>POTs / Centrex</b>	If the request is for new phone numbers, the "add" box should be marked and the number of lines needed indicated in this box. If the request is to move or disconnect existing phone numbers, each affected phone number must be listed.
<b>DSL</b>	If this request is for new DSL service, the "add" box should be marked and the number of lines needed indicated in this box. If the DSL service is to be added to an existing phone line or if the request is to disconnect DSL service, the phone number must be provided.
<b>ISDN-PRI/BRI</b>	If the request is for a new PRI, the "add" box should be marked and the PRI form MUST be submitted along with the TCR. The request is not considered complete until this form is received.
<b>Extend Demarc</b>	If the request is for a PRI, then you will need to select "yes" for extend Demarc. Otherwise, it can be marked "NA"
<b>Inside Wiring</b>	This box is automatically marked "yes". This allows vendor to run necessary inside wiring to complete the installation.
<b>PIC / LPIC / PIC FREEZE</b>	If the request is to include long distance services, these boxes must be marked as this ensures long distance services are maintained.
<b>LD Acct #: 0333</b>	The long distance carrier account number of the vendor on the statewide contract for long distance services.
<b>Long Distance</b>	If long distance calling is to be allowed for the phone number(s) within this request, mark the applicable box. If request is for current phone numbers, attach list of all phone number(s) affected.
<b>International</b>	If international calling is to be allowed for the phone number(s) within the request for long distance, mark this box.
<b>Toll Free</b>	If this request is for a toll free number, mark the appropriate box and, if applicable, list all toll free numbers affected.
<b>Calling Card</b>	If this request is for a calling card, mark the applicable box. If the request is to change or disconnect a current calling card(s), list the current calling card number(s).
<b>Employee Name</b>	If this request is for a new calling card, list the employee's name(s) who will be using the calling card number(s). If the request is to change or disconnect a current calling (s), attach list the current card holders' name(s).
<b>Additional Details</b>	Use this area if additional explanation of the service request is needed. If necessary, please attach a continuation sheet. Check the box if a continuation sheet is being used.

<b>REQUESTED DATA SERVICES</b>	<b>DESCRIPTION OF INFORMATION REQUESTED</b>
<b>UBI / Account number (REQUIRED)</b>	The 6-digit Unique Billing Identifier (i.e. 558999) and account number (SV010544)
<b>T1, 10 MEG SES, 100 MEG SES, Other</b>	If this request is for a new circuit, indicate the size of the circuit on this request. If this request is for an existing circuit(s), the circuit ID(s) must be provided.
<b>Extend Demarc</b>	If this request is to add or move circuit(s), the box to extend the demarc must be marked (unless this is determined not to be required.) A one-time charge of \$150 will apply to demarc extensions.
<b>VLAN / Main Circuit</b>	The box indicating VLAN / Main Circuit will be completed by the WVOT for agencies using the state network. If the "other" box is marked, the VLAN and circuit ID that the circuit is to be mapped to must be included. This means that the circuit does not come through Building 6 across the state network. Additional engineering services would be required.
<b>Additional Details</b>	Use this area if additional explanation of the service request is needed. For instance, directions to the wiring closet where the circuit is to be extended would be helpful. This space could be used for that information.
<b>AGENCY AUTHORIZATION</b>	
<b>AGENCY AUTHORIZATION</b>	<b>DESCRIPTION OF INFORMATION REQUESTED</b>
<b>Agency Authorization</b>	This is the person (name both printed and signed) designated by the agency as having authorization to submit TCRs for voice and/or data related services on behalf of the agency. This person should have financial authorization since a TCR obligates an agency to spend funds. The WVOT is obligated to accept TCRs for services from any employee within that agency and the agency will be responsible for any charges resulting from the services requested on the TCR. Therefore, the agency will want to be sure that WVOT has updated, accurate information in order to know if TCRs must be approved by a specific individual.
<b>Completed by</b>	This is the person (name both printed and signed) who actually completed the TCR form.
<b>WVOT Authorization (completed by WVOT)</b>	This is the person within WVOT who authorizes the TCR be submitted to the vendor.
<b>Received by / Date (completed by WVOT)</b>	This is the person within WVOT who received the TCR from the agency and the date the TCR was received by WVOT.