

# Louisiana Office of Technology Services Network Services OTS Network Services Access Service Request (NS-43)

Use F1 for Help or [Click Here for Form Instructions](#)

Refer to the [OTS-NS Catalog of Services](#) for current rate information.

## Subscriber Information

Department/Agency \_\_\_\_\_  
Section/Unit \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
OTS-NS Cost Center Number \_\_\_\_\_

For OTS-NS Use Only	
OTS-NS Order Number	_____
Request Date	_____
Due Date	_____
Approved By	_____
Contact Name	_____
Telephone Number	_____

## Technical Contacts

The following persons will serve as primary contacts to OTS-NS

Name	Phone	Email
_____	_____	_____
_____	_____	_____

## CNA Access

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
OTS Point of Presence (POP) Location [Select one:](#) \_\_\_\_\_  
Access Type:  
 Direct Access via Ethernet\*       Direct Acces via T1       Shared Ethernet Host  
\*Non-consolidated IT agencies must submit NS-38 to order host circuit  
Bandwidth [Select one:](#) \_\_\_\_\_

## MIT

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
Speed [Select one:](#) \_\_\_\_\_

## INTERNET

New       Change/Add       Disconnect      Existing Directory Number: \_\_\_\_\_  
Speed \_\_\_\_\_

## Authorization

I authorize OTS-NS to order carrier service, and/or provisioning of OTS-NS network resources. I understand that the charges for this will be billed to this agency.

Telecommunications Coordinator \_\_\_\_\_ Date \_\_\_\_\_

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For OTS-NS Use Only	
OTS-NS Host Circuit End	<input type="checkbox"/> Change/Add
	OTS-NS Shared Host Circuit ID
<input type="checkbox"/> BTR	<input type="checkbox"/> NO
<input type="checkbox"/> LAF	<input type="checkbox"/> SHV
Bill to: 225 M14-6188	

Save the form in Microsoft Word. Email a copy of the saved form to  
networkorders@la.gov