



Department of Information Technology STS-06 Security Services Request Form

1. Date of Request: _____

Billing Inquiries: 1-888-787-4357 Option 3
Technical Inquiries: 1-800-722-3946

2. Requesting Agency

Name: _____

Telephone: _____

Federal ID #: _____

Fax: _____

Fiscal Office: _____

Dept. Billing Code: ____/____/____/____

Billing Address: _____

(Telecommunication Services requires a valid Department Billing Code to ensure proper billing)

City, County, State, Zip: _____

Fiscal Office/Budget Authorization Signature

IS Department Contacts

Name: *(print)* _____

Name: *(print)* _____

Signature: _____

Email Address: _____

Title: _____

3. Request Type

New Service: Upgrade: Relocate: Termination: Shared Service¹:

Site ID *(for existing sites only)*: _____ System/District-id *(for E-rate customers only)*: _____

4. Security Service Type

Customer Premise Standard: Standard Plus: Premium:

Options:

SSL VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Premium Plus: High Performance:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

High Throughput High Throughput Plus:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Customer Premise Add-Ons:

- SSL VPN NAC (100 users)
- SSL VPN NAC (250 users)
- 5 Additional VPN Groups #groups
- Local Directory Authentication

¹ Requires a completed STS-04 form



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Cloud Based

Cloud Shared:

Cloud Dedicated:

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Cloud Based Add-Ons:

5 Additional VPN Groups
Remote Access SSL/VPN

#groups
concurrent users

Security Consulting Hours _____

5. Site Information

Address of Service Installation

(Physical location where service is to be installed)

Site Name: _____

Street Address: _____

City, State, Zip: _____

County: _____

Building, Room #, where equipment is to be installed

(Up to 5 feet from Equipment Rack/DIT Router)

Bldg, Room: _____

Current Service Address

Site Name: _____

Street Address: _____

City, State, Zip: _____

Office Hours/Days: _____

Building Access Contact

Name: *(print)* _____

Email Address: _____

Telephone #: _____

6. Security Contact Information

Only the personnel listed below will have authority to initiate problem reports or configuration changes to firewalls, VPNs, or IPS devices managed by DIT.

Signature: _____

Primary Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Alternate Security Contact

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Signature: _____

Additional Problem Ticket Reporting / Configuration Change Requestors (up to 4):

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____

Name: _____

Email: _____

Phone: _____

Cell Phone: _____

After Hours Phone: _____



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Authorization:
Problem Ticket: Change:

Authorization:
Problem Ticket: Change:

Name: _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Cell Phone: _____

Cell Phone: _____

After Hours Phone: _____

After Hours Phone: _____

Authorization:
Problem Ticket: Change:

Authorization:
Problem Ticket: Change:

7. Remarks/ Special Instructions

8. Customer Information and Responsibilities

- Security service installation occurs between 45 and 60 days from the date of the Consultation Meeting signoff. Typical service termination occurs between 30 and 45 days from date of request. NOTE: Service targets will be extended if fully completed request forms are not submitted.
- Please be specific in your description of the Building and Room # (Address of Service Installation) to ensure the firewall is installed near the router and CSU/DSU. If information is not completed correctly, then service installation dates will be extended beyond the 45 to 60 days.
- The Customer agrees to pay the OSBM approved rate for the term of this agreement. This agreement will be in effect for three (3) years from the date the service is declared operational. This agreement will be automatically renewed on a month-to-month basis thereafter.
- The Customer acknowledges that they have read and understood the terms and provisions in the [DIT Service Catalog](#) for the appropriate service and accepts the terms and conditions as indicated.
- The completed and signed STS-06 can be emailed to ts.service.request@nc.gov, faxed to (919) 850-2828, or mailed to:
DIT - State Telecommunications
PO Box 17209
Raleigh, N. C. 27619-7209