

Louisiana Office of Telecommunications Management Metro DWDM Order Form (OTM-53)

OTM ORDER NUMBER _____
(To Be Completed by OTM)

General Information (All fields are required)

Section 1

Agency Cost Center Number _____ Due Date Requested _____
 Department/Office/Section _____ Date Prepared _____
 Primary Technical Contact (PTC) _____ Alternate Technical Contact (ATC) _____
 PTC Telephone Number _____ ATC Telephone Number _____
 PTC Email Address _____ ATC Email Address _____

Telecommunications Coordinator Approval _____
(Signature)

AT&T Master Billing Number _____
(To be assigned by OTM)

Connection Information (All fields are required)

Section 2

Service Requested Install Change* Disconnect*
 Request connection between ISB DPS LSU and ISB DPS LSU

Quantity _____

Connection Type/Protocol	Bit Rate(Mbps)	Connection Type/Protocol	Bit Rate(Mbps)
<input type="checkbox"/> ETR	16.00	<input type="checkbox"/> 10 Gigabit Ethernet 10 GBase-LW	9953.00
<input type="checkbox"/> Fast Ethernet 100 Base-FX	125.00	<input type="checkbox"/> 10 Gigabit Ethernet 10 GBase-EW	9953.00
<input type="checkbox"/> Fibre Channel 100	1062.00	<input type="checkbox"/> 10 Gigabit Ethernet 10 GBase-LR	10312.5
<input type="checkbox"/> Fibre Channel 200	2125.00	<input type="checkbox"/> 10 Gigabit Ethernet 10 GBase-ER	10312.5
<input type="checkbox"/> FICON	1062.00	<input type="checkbox"/> 10 Gigabit Ethernet Clear Channel	9953.00
<input type="checkbox"/> FICON Express	2125.00	<input type="checkbox"/> ESCON	200.00
<input type="checkbox"/> Gigabit Ethernet 1000BASE-LX	1250.00	<input type="checkbox"/> ISC	1062.00
<input type="checkbox"/> Gigabit Ethernet 1000BASE-SX	1250.00	<input type="checkbox"/> ISC-3	2125.00

* Existing Circuit ID is needed

Remarks (Optional. Attach additional sheets if necessary)

**Fax the signed form to OTM 225-342-7372.
 For assistance in completing the form, contact OTM
 Advanced Services at 225-342-0003 or 225-342-7761.**