

# Wireless Communication Device Order Form

New service       Lost/stolen device       Upgrade/replacement       User change only

## Manager responsibilities:

1. Determine the need for a wireless communication device (WCD).
2. Review the WCD policy, [DHS-020-006](#), with employee.
3. Document how the device will be used and approximate usage to determine the best plan fit.
4. Send this form to:
  - **Cell phone:** [linda.reed@state.or.us](mailto:linda.reed@state.or.us) or Local Area WCD coordinator, if applicable
  - **BlackBerry and air cards:** [computer.request@state.or.us](mailto:computer.request@state.or.us)
5. Update the Employee Assigned Property Tracking Document, ([DHS 0050](#)).
6. Notify WCD coordinator or delegate of all position changes, including work out of class, that affect the WCD use.

## User information:

Name: \_\_\_\_\_ Employee ID number: \_\_\_\_\_ OR \_\_\_\_\_

Work phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Division: \_\_\_\_\_

Work location (*office name/city*): \_\_\_\_\_

Does the user currently have a WCD assigned (*other than an air card*)?    Yes     No

If yes, indicate what type of device: \_\_\_\_\_ and

provide current WCD phone number: \_\_\_\_\_

(See [DHS-020-006-01](#), "Acquiring New or Replacing/Upgrading WCD" for disposition of current WCD.)

- Is this device used as a check out WCD?     Yes     No
- Is this device used for emergency preparedness?     Yes     No

(**Note:** If WCD is used as a check out or for emergency preparedness, the user information listed above will be considered the responsible person.)

## Requestor information: Same as above

Name: \_\_\_\_\_ Work phone number: \_\_\_\_\_

## Billing information:

Contact name: \_\_\_\_\_ Work phone number: \_\_\_\_\_

Billing address: \_\_\_\_\_

Index/PCA: \_\_\_\_\_

## Shipping information:

Shipping address: \_\_\_\_\_

Local WCD coordinator or shipping contact: \_\_\_\_\_

(**Note:** Devices will not be shipped directly to the user.)

**WCD information:**

**Select the type of WCD requested:**

- Cell phone       BlackBerry       Air card

**Select the desired carrier:** *(if known)*

- AT&T       Sprint/Nextel       Verizon       T-Mobile       No preference

**Provide estimated monthly phone usage:** *(minutes)*

- less than 250       250-450       450-900       more than 900

**List the specific job duties or reason for request:** *(Refer to DHS policy [DHS-020-006](#), "Wireless Communications Devices" for considerations.)*

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**Select requested device features:** *(additional charges may apply)*

- GPS       International calling       Other: \_\_\_\_\_

**Provide business need justification for requested device features marked above:**

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**Select requested accessories:** *(additional charges may apply)*

- Car charger       Wall charger *(one is provided)*  
 USB sync cable *(one is provided with BlackBerry)*       Headset/earpiece  
 Holster/case       Other: \_\_\_\_\_

**AGREEMENT:**

By signing this form, I acknowledge that I have read and understand the WCD policy, [DHS-020-006](#), and associated procedures (Acquiring New or Replacing/Upgrading WCD, [DHS-020-006-01](#) and Lost or Stolen WCD's, [DHS-020-006-02](#)).

\_\_\_\_\_  
User signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed manager name