



ELECTRONIC TELECOMMUNICATION SERVICE REQUEST

URL:
https://www2.illinois.gov/sites/doit/services/order/telecomcoord/Documents/New_TSR_TDR.pdf

VERSION: V196A

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TELECOM PROVISIONING TEAM

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Overview

Blank TSR

Workflow Area

Coordinator Info Area

Request Area

Home Tools Document

Page 1 of 1
Print Form

DOIT
Illinois Department of
Innovation & Technology

Reset Buttons
Attach a File

Incomplete Form
Local Save

Coordinator Name (required)		Agency (required)		Control No. (required)	Date (req)
Coordinator Email (required)		Division		Cost Center (10 characters required)	
Coordinator Telephone No. (required)		Extension		Electronic Signature is required when form is completed.	
Desired Service Date	Time	Overtime Authorized		Title	
Justification					
Service Requirements (Agency Use)					
Service Type		RESET			

Page 1 of 1

VERSION: V196A

Key Features

- Common Request Document to order Telecom Services.
- Provides the ability to reuse documents (Template).
- Setup Digital Signature for approval.
- Instructions contained in “hover” Tool Tip boxes.
- Employs workflow for local save and submission of the request. Allows the attachment of other supporting electronic documents.
- PAPERLESS!!!

Telecom Coordinator Template

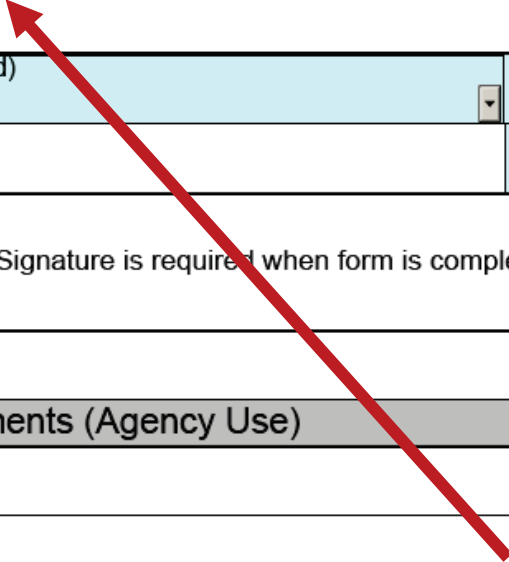
Print Form



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TELECOMMUNICATIONS SERVICE REQUEST V196A

Incomplete Form
Local Save



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Coordinator Email (required)		Division		Cost Center (10 characters required)	
Coordinator Telephone No. (required)		Extension		Electronic Signature is required when form is completed.	
Desired Service Date	Time	Overtime Authorized			
Justification					
Service Requirements (Agency Use)					
Service Type					

Fill in your information.
Required fields are Blue

Once you have this portion filled out you can save it to your local drive. The next time you need to place another order you can load this and not need to start over from scratch.

Selecting the Service Type



TELECOMMUNICATIONS SERVICE REQUEST v196A

Print Form

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Incomplete Form
Local Save

Form Complete?
NOTICE, this button is not functional until all the required fields are entered.

Coordinator Name (required) John Smith		Agency (required) DIT - Innovation and Technology, Dept of		Control No. (required) JS062519	Date (req) 06/25/2019
Coordinator Email (required) john.smith@illinois.gov		Division		Cost Center (10 characters required) CRF1234X02	
Coordinator Telephone No. (required) 217-555-1234		Extension		Electronic Signature is required when form is completed.	
Desired Service Date	Time	Overtime Authorized			
Justification					
Service Requirements (Agency Use)					
Service Type		RESET			

- Cellular
- Data
- Video
- Voice
- VoIP
- Wiring Only
- Radio

The "Justification" field can be used to add pertinent information that will assist provisioning (i.e. Floor plans are attached)

The Service type is selected from this dropdown

Depending on which Service type is selected the form will provide additional fields to be populated for desired work to be done

SERVICE REQUIREMENTS HINTS

Service Requirements (Agency Use)				
Service Type	Cellular		RESET	
Shipping Address		Floor No.	City & Zip	Site Contact (Name and Telephone No.)
Line #	Shipping Address REQUIRED-Shipping address of product	Work Requested		
Add		Remove		

Click on “Add” button for multiple work being requested

Hover over the fields and the tips will advise if the field is required.

Fields per Service Requirements

Cellular

Service Requirements (Agency Use)					
Service Type	Cellular	RESET			
Shipping Address		Floor No.	City & Zip		Site Contact (Name and Telephone No.)
Line #	Work Requested				
Add		Remove			

Data

Service Requirements (Agency Use)								
Service Type	Data	RESET						
Primary Location		Nearby #	FI/Room	City & Zip		Hrs Open	Site Contact (Name and #)	Existing ?
Secondary Location		Nearby #	FI/Room	City & Zip		Hrs Open	Site Contact (Name and #)	Existing ?
Service Type	Circuit Number		Work Requested / Comments					
Inside Wire Req?	If "YES", extend wire to this location:			Equipment Serial Number			Tag Number	
Add		Remove						

Video

Service Requirements (Agency Use)								
Service Type	Video	RESET						
Current Address		Floor No.	City & Zip		Hrs Open	Site Contact (Name and Telephone No.)		
New Address		Nearby #	Floor No.	City & Zip		Hrs Open	Site Contact (Name and #)	Existing ?
Circuit # / Line # / Extension		Jack #	Work Requested					
Add		Remove						

Voice

Service Requirements (Agency Use)												
Service Type	Voice	RESET										TCVS/TCKS
Local Directory Information Required?												
Current Address		Floor No.	City & Zip			Hrs Open	Site Contact (Name and Telephone No.)					
New Address		Nearby #	Floor No.	City & Zip		Hrs Open	Site Contact (Name and #)			Existing ?		
Circuit # / Line # / Extension			New Line Pickups			Work Requested				Phone Color		
Room	Floor	COS	CFA to	CFB/Hunt to	PG	SCG/Cont Sta	BFP	SCI	CFV	CHD	Other	
Add		Remove										

Fields per Service Requirements cont.

Wiring Only

Service Requirements (Agency Use)						
Service Type	Wiring Only	RESET				
Current Address		Floor No.	City & Zip	Hrs Open	Site Contact (Name and Telephone No.)	
New Address	Nearby #	Floor No.	City & Zip	Hrs Open	Site Contact (Name and #)	Existing ?
Work Requested						
Add		Remove				

Radio

Service Requirements (Agency Use)						
Service Type	Radio	RESET				
Request Type						
Current Address	Starcom21 Subscriber Equipment Starcom21 Network Services	City & Zip	Hrs Open	Site Contact (Name and Telephone No.)		
New Address	Legacy Radio Equipment Radio Maintenance Tower Maintenance Radio Repair Parts	City & Zip	Hrs Open	Site Contact (Name and #)	Existing ?	
Work Requested						
Add		Remove				

VoIP

Service Requirements (Agency Use)				
Service Type	VoIP	RESET	TCEV #	LOC
Select which VoIP order process that you plan to use:				
This TSR (small orders) The VoIP Master Spreadsheet (large orders)				

SUBMITTING ELECTRONIC TELECOM SERVICE REQUEST



TELECOMMUNICATIONS SERVICE REQUEST V196A

Print Form

Reset Buttons
Attach a File

Incomplete Form
Local Save

Form Complete?
NOTICE, this button is not functional until all the required fields are entered.

This button appears when the Agency is selected but is not functional until all the Required fields are populated.

Coordinator Name (required) John Smith		Agency (required) DIT - Innovation and Technology, Dept of		Control No. (required) JS062519	Date (req) 06/25/2019
Coordinator Email (required) john.smith@illinois.gov		Division		Cost Center (10 characters required) CRF1234X02	
Coordinator Telephone No. (required) 217-555-1234		Extension		Electronic Signature is required when form is completed.	
Desired Service Date	Time	Overtime Authorized			
Justification USING MAC FROM AGENCY INVENTORY					
Service Requirements (Agency Use)					
Service Type	VoIP	RESET		TCEV #	LOC
VoIP Order					
800 Service?	Local Directory Information Required?		Existing Service?		
Current Address 120 WEST JEFFERSON	Floor No. 2ND	City & Zip SPRINGFIELD		Hrs Open	Site Contact (Name and Telephone No.) LORI JONES 217/555-5678
New Address	Floor No.	City & Zip		Hrs Open	Site Contact (Name and Telephone No.)
Old user Active Directory Email			Old User Name		
New user Active Directory Email BILL.ADAMS@ILLINOIS.GOV			New User Name BILL ADAMS		
Phone Model (link at right for available models)		Phone Models (Click to show Web Page)			
Existing MAC ID (Leave blank if new) SEP145EA4255SV1		Prewired?			
Assigned Options for New or Existing Users					
COS SPR_3_CSS	CFNA	CFB	Voice Mail Standard and Unifie	Jabber Yes	Smart Record
Accessaphone		IFC Page			

Attaching Required Documents



TELECOMMUNICATIONS SERVICE REQUEST V196A

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Form Complete?

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Attach a File

Coordinator Name (required) John Smith		Agency (required) DIT - Innovation and Technology, Dept of		Control No. (required) JS062519	Date (req) 06/25/2019
Coordinator Email (required) john.smith@illinois.gov		Division		Cost Center (10 characters required) CRF1234X01	
Coordinator Telephone No. (required) 217-555-1234		Extension		Electronic Signature is required when form is completed.	
Desired Service Date	Time	Overtime Authorized			
Justification USING MAC FROM AGENCY STOCK					

Orders may require additional documents. Prior to submitting your order you can attach these documents and they will become part of your order.

ADD ATTACHMENTS BEFORE ADDING YOUR DIGITAL ID

Click on the “Attach a File” button or select the paper clip from the left margin. Locate the attachment and click ok

Completed Electronic Telecom Service Request

Print Form



Reset Buttons

Attach a File

TELECOMMUNICATIONS SERVICE REQUEST V196A

Incomplete Form
Local Save

Form Complete?

NOTICE, this button is not functional until all the required fields are entered.

Coordinator Name (required) John Smith			Agency (required) DIT - Innovation and Technology, Dept of			Control No. (required) JS062519		Date (req) 06/25/2019	
Coordinator Email (required) john.smith@illinois.gov			Division			Cost Center (10 characters required) CRF1234X01			
Coordinator Telephone No. (required) 217-555-1234		Extension		Electronic Signature is required when form is completed.				Title	
Desired Service Date	Time	Overtime Authorized							
Justification USING MAC FROM AGENCY STOCK									
Service Requirements (Agency Use)									
Service Type	VoIP	RESET			TCEV #	LOC			
VoIP Order									
800 Service?	Local Directory Information Required?			Existing Service?					
Current Address 120 W JEFFERSON		Floor No. 2ND	City & Zip SPRINGFIELD 62702		Hrs Open	Site Contact (Name and Telephone No.) LORI JONES 217-555-5678			
New Address		Floor No.	City & Zip		Hrs Open	Site Contact (Name and Telephone No.)			
Old user Active Directory Email				Old User Name					
New user Active Directory Email BILL.ADAMS@ILLINOIS.GOV				New User Name BILL ADAMS					
Phone Model (link at right for available models)			Phone Models (Click to show Web Page)						
Existing MAC ID (Leave blank if new) SEP705EA425ESV1		Prewired? YES							
Assigned Options for New or Existing Users									
COS SPR_3_CSS	CFNA	CFB	Voice Mail Standard and Unifie	Jabber Yes	Smart Record	Accessaphone	IFC Page		

Create a Self-Signed Digital ID



Reset Buttons
Attach a File

TELECOMMUNICATIONS SERVICE REQUEST

Save

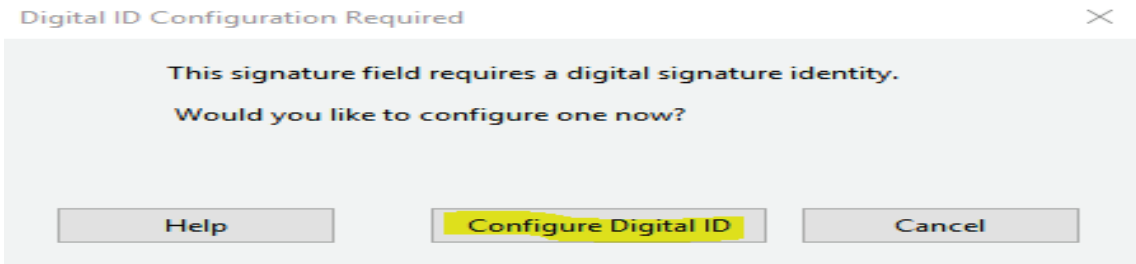
Print Form

Save your file as: **DITJS062519VoIP**

Coordinator Name (required) John Smith		Agency (required) DIT - Innovation and Technology, Dept of		Control No. (required) JS062519	Date (req) 06/25/2019
Coordinator Email (required) john.smith@illinois.gov		Division		Cost Center (10 characters required) CRF1234X02	
Coordinator Telephone No. (required) 217-555-1234		Extension			
Desired Service Date	Time	Overtime Authorized			
Justification USING MAC FROM AGENCY INVENTORY				Signature - Authorization to perform requested work. (required) Title	

Once the "Form Complete" button is pressed the "Save" button appears.

Before saving TSR you will setup your digital signature.



Click within the "Signature – Authorization" field and click on "Configure Digital ID" button

Create a Self-Signed Digital ID cont.

Configure a Digital ID for signing

A Digital ID is required to create a digital signature. The most secure Digital IDs are issued by trusted Certificate authorities and are based on secure devices like smart card or token. Some are based on files.

You can also create a new Digital ID, but they provide a low level of identity assurance.

Select the type of Digital ID:

- Use a Signature Creation Device**
Configure a smart card or token connected to your computer
- Use a Digital ID from a file**
Import an existing Digital ID that you have obtained as a file
- Create a new Digital ID**
Create your self-signed Digital ID

Select the "Create a new Digital ID" and click Continue button

Select the destination of the new Digital ID

Digital IDs are typically issued by trusted providers that assure the validity of the identity. Self-signed Digital ID may not provide the same level of assurance and may not be accepted in some use cases.

Consult with your recipients if this is an acceptable form of authentication.

- Save to File**
Save the Digital ID to a file in your computer
- Save to Windows Certificate Store**
Save the Digital ID to Windows Certificate Store to be shared with other applications

Select the "Save to File" and click Continue button

Create a Self-Signed Digital ID cont.

Create a self-signed Digital ID



Enter the identity information to be used for creating the self-signed Digital ID.

Digital IDs that are self-signed by individuals do not provide the assurance that the identity information is valid. For this reason they may not be accepted in some use cases.

Name

John Smith

Organizational Unit

Telecom Coordinator

Organization Name

Department of Innovation & Technology

Email Address

john.smith@illinois.gov

Country/Region

US - UNITED STATES



Key Algorithm

2048-bit RSA



Use Digital ID for

Digital Signatures



Back

Continue

Enter the identity information to be used. When completed click the Continue button

Create a Self-Signed Digital ID cont.

Save the self-signed Digital ID to a file



Add a password to protect the private key of the Digital ID. You will need this password again to use the Digital ID for signing.

Save the Digital ID file in a known location so that you can copy or backup it.

Your Digital ID will be saved at the following location :

C:\Users\jeff.schmid\Desktop\Electronic TSR's\JohnSmi

Browse

Apply a password to protect the Digital ID:

.....

Confirm the password:

.....



Back

Save

Click on Browse button if you want to change the destination the Digital ID is saved

Add a password for security protection. When completed click the Save button

Create a Self-Signed Digital ID cont.

Sign with a Digital ID ✕

Choose the Digital ID that you want to use for signing: Refresh

 **John Smith (Digital ID file)**
Issued by: John Smith, Expires: 2024.06.26 View Details

? Configure New Digital ID Cancel Continue

Choose the Digital ID and click on the Continue button

Sign as "John Smith" ✕

Appearance Standard Text ▼ Create

John Smith Digitally signed by John Smith
Date: 2019.06.26 10:58:10 -05'00'

View Certificate Details

Review document content that may affect signing Review

Back Sign

Enter the Password and click on the Sign button

You will be prompted to save the form. Change the name of the file and save it

Saving and Re-naming the Order

Click on the Save button which will prompt you to save the form again. If you changed the name when it prompted you to save after adding your digital id just click on Save and replace file



Reset Buttons

Attach a File

TELECOMMUNICATIONS SERVICE REQUEST

Save

Print Form

Save your file as: **DITJS062519VoIP**

Coordinator Name (required) John Smith		Agency (required) DIT - Innovation and Technology, Dept of		Control No. (required) JS062519	Date (req) 06/25/2019
Coordinator Email (required) john.smith@illinois.gov		Division		Cost Center (10 characters required) CRF1234X02	
Coordinator Telephone No. (required) 217-555-1234		Extension		John Smith Digitally signed by John Smith Date: 2019.06.26 11:07:50 -05'00'	
Desired Service Date	Time	Overtime Authorized			
Signature - Authorization to perform requested work. (required)				Title	

Submitting Your Order

Once the document is saved the “Submit by Email” buttons are activated
NOTE: you will use the “Radio only – Submit by Email” button when submitting a “Radio” service type order



Reset Buttons
Attach a File

TELECOMMUNICATIONS SERVICE REQUEST v196A

Submit by Email
Print Form
Radio only - Submit by Email

The “Reset” button is used to re-activate the Email buttons

Once the Submit button is pressed the window at the right is displayed. This will generate an Email with your order attached

You can add more information on the “Subject” line but only after what was automatically populated

Send	From	Jeff.Schmid@Illinois.gov
	To	<input type="radio"/> DoIT.Prov
	Cc	
Subject		Form Returned: JS062519 TSR.pdf
Attached		JS062519 TSR.pdf 607 KB

Form Returned: JS062519 TSR.pdf

The attached file is the filled-out form. Please open it to review the data.

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