

CDMA - Wireless Service Request

Page ____ of ____

Control No. _____ CMS P.O. # _____

Type of Service Requested	MDC/PDA - List Make and Model	Modem Info	County of Primary Assignment
New line of service: <input type="checkbox"/> New EVDO 20 mg, Restricted <input type="checkbox"/> New EVDO Unlimited, Restricted <input type="checkbox"/> New EVDO Unlimited, Unrestricted Change existing service plan to: <input type="checkbox"/> EVDO 20mg, Restricted <input type="checkbox"/> EVDO Unlimited, Restricted <input type="checkbox"/> EVDO Unlimited, Unrestricted Other: <input type="checkbox"/> Aircard upgrade <input type="checkbox"/> Disconnect <input type="checkbox"/> Activate LAN client	Existing Line of Service Phone # and/or IP:	Do you need to order an aircard from CMS? Yes <input type="checkbox"/> No <input type="checkbox"/>	User Supplied Aircard Make: Model: ESN#:
	CMS Use Only IP Address: _____ / _____ / _____ / _____ Phone #	Specify Model & Type #'s * See Below	Comments:
New line of service: <input type="checkbox"/> New EVDO 20 mg, Restricted <input type="checkbox"/> New EVDO Unlimited, Restricted <input type="checkbox"/> New EVDO Unlimited, Unrestricted Change existing service plan to: <input type="checkbox"/> EVDO 20mg, Restricted <input type="checkbox"/> EVDO Unlimited, Restricted <input type="checkbox"/> EVDO Unlimited, Unrestricted Other: <input type="checkbox"/> Aircard upgrade <input type="checkbox"/> Disconnect <input type="checkbox"/> Activate LAN client	Existing Line of Service Phone # and/or IP:	Do you need to order an aircard from CMS? Yes <input type="checkbox"/> No <input type="checkbox"/>	User Supplied Aircard Make: Model: ESN#:
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	CMS Use Only IP Address: _____ / _____ / _____ / _____ _____	Specify Model & Type #'s * See Below	Comments:

* Modems - Please refer to the IWIN website at http://bccs.illinois.gov/BCCScatalog/services/Wire_iwin.htm for the list of modems and accessories available on the State's master contract with Verizon Wireless.