



Print Form

Date: _____

Pre-Authorization Number:

(Required) (Required)

To Uniquely Identify TDe-207PA Work Requests

Optional Agency Tracking Number: _____
For Agency Use ONLY - 10 Digits Max

Comment:

PSC Billing Code:
(Required)

Billing Code Identified Above Will Be Charged For Services Rendered

Agency / Institution Code: -
(For PSC Use Only)

EQUIPMENT

ACTION

- Mobiles Radios
- Desk-Top Radio / Rc Consoles
- Portable Radios
- PA Systems
- Base / Fixed Stations
- Other

- Programming
- Assisting Agency Personnel
- Interference Investigation
- Installation
- Battery Replacement
- Emergency / Damage Repair
- Check Out Equipment
- Contract Maintenance Service
- Removal
- Other

DESCRIPTION OF WORK REQUESTED:

PSC's Estimated Hours: _____ Initials: _____


Equipment Type Manufacturer Model No. Serial No. Service No. Property No.

Additional Equipment Information is Attached: Yes No

REQUESTED In-Service Date: _____ Site Location: _____

Work Site Agency Contact: _____ Telephone: _____

AUTHORIZED AGENCY SIGNATURE:


 _____
Signature

Print Name

AGENCY HEADQUARTERS ADDRESS:

Attention: _____

WORK COMPLETED:

Technician:  _____
Signature Print Name

DC# _____ Shop Number: _____ Date: _____

Distribution
Field Shop
Area Office
Agency HQ



INSTRUCTIONS

DATE: Date the form is initiated.

PRE-AUTHORIZATION NUMBER: 6 digit number, Agency pre-authorized number for the designated work requested.

4-DIGITS FOLLOWING PRE-AUTHORIZATION NUMBER: A 4-digit number (alpha, numeric or combination) is required to uniquely identify each TDe207PA Work Request. If the additional 4-digits are not provided, PSC will be free to add the 4-digits. This is required for billing purposes.

PSC BILLING CODE: 5 digit number, which identifies what institution, is being charged for services rendered.

AGENCY / INSTITUTION CODE: Internal code assigned and used by Public Safety Communications to bridge older databases and applications to PSC's current billing application. The first three characters identify the requesting customer department; the second three characters identify a subdivision within a department. The code cross references to the customer's five-digit PSC Billing Code.

EQUIPMENT: Check the box for the equipment type.

ACTION: Check the box for the type of work being performed.

DESCRIPTION OF WORK REQUESTED: Detailed description of work requested.

ESTIMATED HOURS: This will be identified by the Public Safety Communications, Telecommunication Technician.

EQUIPMENT TYPE: Provide the type of equipment, manufacturer, model number, serial number, Public Safety Communications Service Number (S# when attached to the equipment), and Agency property number. *When additional equipment information is required check "yes" and attach appropriate documentation.*

REQUESTED IN-SERVICE DATE: Date service requested to be completed by. The actual date will be negotiated with the shop if it is not possible to meet the requested date.

SITE LOCATION: Location where work is to be performed.

WORK SITE AGENCY CONTACT: Name of the work site person to contact.

TELEPHONE: Number of the work site contact person.

AUTHORIZED AGENCY SIGNATURE: Requires the signature of authorized agency personnel. A list of authorized personnel will be provided to Public Safety Communications.

AGENCY HEADQUARTERS ADDRESS / ATTENTION LINE: The agency address and the person designated by the agency to receive the completed form after the work has been completed.

WORK COMPLETED: This will be completed by the Public Safety Communications, Telecommunication Technician.