State of California
California Governors Office of Emergency Services
Service Order Form
OES-PSC-289 (Rev. 11-2025)

PUBLIC SAFETY COMMUNICATIONS

U.S. Mail form to: **Cal OES PSC 601 Sequoia Pacific Blvd. Sacramento, CA 95811-0231**

This Form To Be Completed By The State 9-1-1 Branch Only			
State Agency:	CA 9-1-1 Branch	Contractors Name:	
Mailing Address:	601 Sequoia Pacific Blvd., MS-911	Mailing Address:	
City, State Zip	Sacramento, CA 95811-0231	City, State Zip	
E-mail Address:	CA911 Branch@caloes.ca.gov	E-mail Address:	
Phone Number:	(916) 984-5007	Phone Number:	
9-1-1 Project Lead:		CPCN Number Representative:	
PSAP Name:			
Contract Number:		Contract Expiration Date:	

1. Type of Next Generation Services: ☐ NG 9-1-1 Prime ☐ NG 9-1-1 Regional ☐ NG 9-1-1 Services
2. Service category(ies) must be checked:
☐ NG 9-1-1 Aggregation Services ☐ NG 9-1-1 Statewide GIS ☐ NG 9-1-1 Trunk Services
☐ NG 9-1-1 Core Services ☐ NG Text to 9-1-1 Services ☐ Other

Description of Next Generation Services to be funded:

Purchase/Service Information: Include service description, service #, quantity, unit cost, installation cost, monthly cost, and total cost. Attached SOW or supporting documentations, where applicable.

Description Reference to CPUC's Advice Letter No. and Sheet No.)	NG Service#	Unit of Measure	One Time Cost (NRC)	Monthly Cost (MRC)	Total NRC Cost	Total MRC Cost
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
				Subtotal	$	$
				Total Approved	$	

TDe-289 expiration date:	N/A	Fiscal Year:	
All invoices shall refer to tracking number:		Account Name:	

The State of California's monetary obligation under this agreement in subsequent fiscal years is subject to, and contingent upon, availability of funds in the State Emergency Telephone Number Account. Please be advised that this commitment to fund does not constitute a binding master agreement.

RECOMMENDED BY:	Date:	APPROVED BY:	Date: