



# Information Technology Services STS-06 Security Services Request Form

1. Date of Request: \_\_\_\_\_

Billing Inquiries: 1-888-787-4357 Option 3  
Technical Inquiries: 1-800-722-3946

## 2. Requesting Agency

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Fax: \_\_\_\_\_

Fiscal Office: \_\_\_\_\_

Dept. Billing Code: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

(Telecommunication Services requires a valid Department Billing Code to ensure proper billing)

City, County, State, Zip: \_\_\_\_\_

### Fiscal Office/Budget Authorization Signature

### IS Department Contacts

Name: (print) \_\_\_\_\_

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_

## 3. Request Type

New Service:  Upgrade:  Relocate:  Termination:  Shared Service<sup>1</sup>:

Site ID (for existing sites only): \_\_\_\_\_ System/District-id (for E-rate customers only): \_\_\_\_\_

## 4. Security Service Type

### Customer Premise

Standard:  Standard Plus:  Premium:

Options:

SSL VPN Client:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Premium Plus:  High Performance:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

High Throughput  High Throughput Plus:

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

SSL VPN Client:	<input type="checkbox"/>
IPS:	<input type="checkbox"/>
Vendor:	<input type="checkbox"/>
HA:	<input type="checkbox"/>

Customer Premise Add-Ons:

5 Additional VPN Groups #groups

### Cloud Based

Cloud Shared:  Cloud Dedicated:

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Small	<input type="checkbox"/>
Medium	<input type="checkbox"/>
Large	<input type="checkbox"/>

Cloud Based Add-Ons:

5 Additional VPN Groups Choose an item.

<sup>1</sup> Requires a completed STS-04 form  
STS-06 July 2019



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Remote Access SSL/VPN

[Click here to enter text.](#)

**Security Consulting** Hours \_\_\_\_\_

## 5. Site Information

### **Address of Service Installation**

*(Physical location where service is to be installed)*

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

### **Building, Room #, where equipment is to be installed**

*(Up to 5 feet from Equipment Rack/ITS Router)*

Bldg, Room: \_\_\_\_\_

### **Current Service Address**

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Office Hours/Days: \_\_\_\_\_

### **Building Access Contact**

Name: *(print)* \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## 6. Security Contact Information

Only the personnel listed below will have authority to initiate problem reports or configuration changes to firewalls, VPNs, or IPS devices managed by ITS.

**Signature:** \_\_\_\_\_

### **Primary Security Contact**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Alternate Security Contact**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

## **Additional Problem Ticket Reporting / Configuration Change Requestors (up to 4):**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Authorization:  
Problem Ticket:  Change:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Authorization:  
Problem Ticket:  Change:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Authorization:  
Problem Ticket:  Change:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Authorization:  
Problem Ticket:  Change:



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### 7. Remarks/ Special Instructions

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### 8. Customer Information and Responsibilities

- Security service installation occurs between 45 and 60 days from the date of the Consultation Meeting signoff. Typical service termination occurs between 30 and 45 days from date of request. NOTE: Service targets will be extended if fully completed request forms are not submitted.
- Please be specific in your description of the Building and Room # (Address of Service Installation) to ensure the firewall is installed near the router and CSU/DSU. If information is not completed correctly, then service installation dates will be extended beyond the 45 to 60 days.
- The Customer agrees to pay the OSBM approved rate for the term of this agreement. This agreement will be in effect for three (3) years from the date the service is declared operational. This agreement will be automatically renewed on a month-to-month basis thereafter.
- The Customer acknowledges that they have read and understood the terms and provisions in the [ITS Service Catalog](#) for the appropriate service and accepts the terms and conditions as indicated.

Upload this completed form to the DIT Service Now Portal:

[https://ncgov.service-now.com/sp\\_dit](https://ncgov.service-now.com/sp_dit)

\*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request.

NC Department of Information Technology Service Delivery  
PO Box 17209; Raleigh, North Carolina 27619-7209  
DIT Home Page Web Address: <https://it.nc.gov/>  
DIT Service Desk: (919) 754-6000; 1-800-722-3946