

REQUEST FOR INFORMATION TECHNOLOGY (IT) PRODUCTS AND SERVICES

For use of this form, see the Information Technology Agency New Requirements Team

Fields containing an asterisk (*) identify required fields.

1. ITA Tracking Number (ITA use only)	2. Date Received (ITA use only)	3. Date Needed*	4. Billing Account Code (BAC) (DTS-W)
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5. REQUESTER (Name/Grade/ORG/Office Symbol/Phone)*	6. ADDITIONAL POC(s) (Name/Grade/ORG/Office Symbol/Phone)*
7. CUSTOMER (Name/Grade/ORG)*	

8. REQUIREMENT TITLE*

9. REQUIREMENT DESCRIPTION (Define service requirement.)*

10. URGENCY/PRIORITY* (If Mission Critical, attach statement justifying priority.)

Non- mission Essential
 Mission Impaired
 Mission Essential
 Mission Critical

11. DATA REQUIREMENTS:

Request Type	# of Drops	Type of Drop (Unclassified, Secret, etc.)	Old Room #	New Room #	Ticket # (ITA use only)

12. VOICE REQUIREMENTS: (Gray portion to be completed by TSCO.)

Request Type	Type of Line	Verizon Demarc	Telephone #	Verizon Order #	Verizon Due Date	Old Room #	New Room #	Ticket #

13. CABLE TV REQUIREMENTS:

Request Type	Converter Box #	Old Room #	New Room #	Who is the service for; Name and Grade	Ticket # (ITA use only)

14. SECURITY*

Room Cleared Open Storage ___ YES** ___ NO Security POC (Name/Phone): _____

Room Accredited ___ YES** ___ NO _____

**Attach Applicable Documents (ex: Letter of Accreditation)

APPROVAL AUTHORITY

15. PRINTED NAME/GRADE/PHONE NUMBER OF IMO/URO	16. IMO/URO SIGNATURE
17. ITA APPROVAL AUTHORITY	18. ITA APPROVAL AUTHORITY SIGNATURE

**Instructions for Completion of ITA Form 5-E, Request for
Information Technology Products and Services**

1. **ITA TRACKING NUMBER.** (ITA use only) The 6-digit ITA assigned Requirements Team number.
2. **DATE RECEIVED.** (ITA use only) Date request received.
3. **DATE NEEDED.** Requestor will coordinate with customer to determine date when capability is required (usually the required operational date).
4. **BILLING ACCOUNT CODE (BAC).** This field is for DTSW use only.
5. **REQUESTER.** Requesting official's name, grade, organization, office symbol, and telephone number.
6. **ADDITIONAL POC(s).** Requester should provide additional POC(s) with same information as provided in Block 4.
7. **CUSTOMER.** Requester should provide information of individual, organization, or center for whom the service is being requested. Provide name, grade, and organization information.
8. **REQUIREMENT TITLE.** Requester must state the IT product or service capability desired.
9. **REQUIREMENT DESCRIPTION.** Requester should succinctly describe the IT service(s) required.
10. **URGENCY/PRIORITY.** Requester should identify the priority of the request and describe why the capability is needed and the impact if the desired capability is not provided. The following is a description of each priority type: (From AF Manual 10-401v1)
 - Mission Critical** - The loss of these critical functions would cause immediate stoppage of direct mission support of wartime operations.
 - Mission Essential** – The loss of these areas would cause an eventual stoppage of direct mission support of wartime operations.
 - Mission Impaired** – The loss of these functions would have an effect on (but would not stop) direct mission support of wartime operations.
 - Non-mission Essential** – The loss of these functions would have no effect on direct mission support of wartime operations.
11. **DATA REQUIREMENTS.** Requester completes matrix for LAN and point-to-point requirements. ITA will complete gray portion.
 - Request Type** – new, move or disconnect
 - # of Drops** – number of drops to be installed, moved, or disconnected
 - Type of Drop** – classified/unclassified
 - New Room Number** – Room moving from and to
12. **VOICE REQUIREMENTS.** To be completed by customer's TSCO.
 - Request type** – new, move, or disconnect
 - Type of line** – ISDN(VTC or multi-point) or Analog
 - Verizon Demarc** – OE(office equipment assignment) or Cable pair
 - Telephone Number** – Number Associated with OE or Cable pair to be installed
 - Verizon Order Number** – Verizon assigned tracking number
 - Verizon Date Due** – Date Verizon to provide Dial Tone
 - Old/New Room Numbers** – Room moving from and to
13. **CABLE TV REQUIREMENTS.** Requester completes matrix for Cable TV requirements. ITA will complete gray portion.
 - Converter Box Number** – If move or change in service, provide the number on top of case
 - Who is the service for** – Name/location where the is to be installed
14. **SECURITY.** Requester provides copies of letter of accreditation and certificate or letter requesting the same to applicable Designated Approval Authority (DAA).
- 15 & 16. **PRINTED NAME/GRADE/PHONE NUMBER OF IMO/URO and SIGNATURE**
- 17 & 18. **ITA APPROVAL AUTHORITY and SIGNATURE.**

RETURN COMPLETED FORM(s) TO:

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