

SXTV Service Request Form 4A

DISA Card and Other Access-Related Requests

Return the completed form to SXTV, by fax to 944-0044, or submit the electronic form at <http://sxtvweb/hqtel-e.htm>

For assistance: See section 4.1 in the guidebook. For additional information, call 944-1776 (1-2-3)

Contact Information

Div: _____ Location: _____ Floor: _____

Project Manager / Contact Person: _____

Tel: _____ Fax: _____

Service Requested

DISA Cards (section 4.1 in SXTV guidebook)

DISA card — Employee's name* : _____ Title: _____

Div: _____ Tel: _____ Fax: _____

If requesting cards for several people, include a separate list giving each employee's name (include first name in full, no initials), title, and phone and fax numbers.

Cost is \$369 per card. Payment will be made by:

- SXTV (**only** for ADMs and above and SXD employees)
- Mission • Contact SXTV (944-2447) for coding details
- Other DFAIT HQ Division / OGD • Contact SXTV (944-2447) for coding details

Note: SXTV will not issue a DISA card until SXMF confirms funds have been transferred.

Calling - line ID Access (section 4.1 in SXTV guidebook)

Calling line ID (CLID) — Employee's name* : _____ Title: _____

Div: _____ Work #: _____ Res. # for CLID: _____

*If same as contact person, enter "Same as above" and indicate title. Next line can be left blank, except when requesting CLID be sure to provide residential number. Note: Must give first name in full (no initials).

Authorization by Director

Name: _____ Title: _____ Director

Signature: _____ Date: _____