

Wireless Device Request

Requester Information

Date of Order:

First Request?

☐ Yes

☐ No

Point of Contact and Phone Number:

Component: Select One

Office: Select One

New Need Request (Only fill out for New Needs)

Type of Device: Select One

Email Address:

Phone Number:

Intended User:

Preferred Carrier: Select One

Justification:

Approving Official Name:

Approving Official Email:

Approving Official Phone Number:

User's Domain: Select One

User's Pin:

Does user have VPN? Note: User needs VPN for smartphone access. Select One

Shipping Address:

State and Area Code for New Device: Select One

The form must be approved by the components Executive Level Approving Official prior to emailing form to [DITM](#).

DCO or ODAR HQ please ensure the Executive Level Approving Official has provided approval prior to emailing the form to [DCO](#), or [ODAR HQ](#).

Point of Contact and Phone Number:

Date

Signature