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| --- | --- | --- | --- | --- | --- | --- |
| **DCC Gateway Connection Ordering Request**  **SEC Party Only**  **Please note that there is a separate form for RDP requests.**  Please use a separate form for each interface configuration request even if it is to the same DCC Gateway Connection.  Fields with Asterisk (\*) are mandatory values. | | | | | | |
| **Request for DCC Gateway Connection** | | | | | | |
| R1\* | Date of Request: | | | DCC Connection ID: (to be completed by DCC) | | |
| R2 | DCC Gateway Party Reference | | | | | |
| **SECTION One – Gateway Party Information** | | | | | | |
| R3\* | SEC Party Name | | R4\* | | SEC Party Signifier | |
| R5 | Party Signifiers on whose behalf this request is raised | | | | | |
| **SECTION Two – Contact Information (person submitting the form)** | | | | | | |
| R6\* | Contact Name  (Title, First, Last): | | R7\* | | Contact Email  Address: | |
| R8\* | Contact Address: | | | | | |
| R9 | Contact Role: | | R10\* | | Contact Telephone No: | |
| **SECTION Three – Installation Site Details** | | | | | | |
| R11\* | Name and address of Installation Location  (including postcode) | |  | | | |
| **SECTION Four – DCC Gateway Bandwidth Option (Select either High Volume – OR Low Volume)** | | | | | | |
| R12\* | Tick only **one** box  DCC Gateway High Volume (HV) Connection (100Mb bearer)  DCC Gateway Low Volume (LV) Connection | | | | | |
| R13 | Mandatory if you selected High Volume in R12. Tick one box.    10Mb 20Mb 30Mb 40Mb 50Mb 60Mb 70Mb 80Mb 90Mb 100Mb | | | | | |
| R14 | Mandatory if you selected Low Volume in R12  Is a new Telephone line required? Yes  No  If a new line is **not** required. Please provide the telephone number of the line to be used: | | | | | |
| **SECTION Five – Connection Installation Details** | | | | | | |
| R15\* | | Select the minimum Term of the connection: 1 year  3 years | | | | |
| R16\* | | When can the installation be carried out? Tick only **one** box  **Monday to Friday** (09:00 – 17:00)  **Weekdays** (Out of Hours)  **Weekends** | | | | |
| **SECTION Six – Connection Performance Reporting** | | | | | | |
| R17\* | | Would you like to receive monthly performance reports for this connection?): Yes  No | | | | |
| **SECTION Seven – Router Connectivity Details** | | | | | |
| R18\* | | Router Connectivity Options: *(The standard router has an Ethernet connection)*  Do you wish to discuss options for Non Standard configuration? YES  NO  Do you wish to connect fibre directly to the router?: YES  NO  If YES, is it a single or a multi-fibre optic connect? (Please select ONE only): Single  Multi | | | |
| **SECTION Eight – AUTHORISED SIGNATURE** | | | | | | |
| R19\*  I understand this is a request for obtaining information from DCC on the feasibility of a single DCC Gateway Connection at a site. This will provide a quotation which is valid for 30 days.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Complete the form, scan and email to [servicedesk@smartdcc.co.uk](mailto:servicedesk@smartdcc.co.uk). If you would prefer to upload this form to a secure area within DCC, please contact the Service Desk for it to be arranged.  If you have any queries, please ring the Service Desk on 0844 2254445 | | | | | | |

Guidance Notes

| **Field No.** | | **Field Name** | **Mandatory** | **Notes** |
| --- | --- | --- | --- | --- |
| R1 | Date of Request | | Yes | * This is the date when you send the form to the DCC. |
| R2 | Gateway Party Reference | | No | * This is the reference that you have allocated to this request. It will link this request to your own systems and processes. It is not mandatory. |
| R3 | SEC Party Name | | Yes | * Enter the name of the SEC Party requesting the connection. |
| R4 | SEC Party Signifier | | Yes | * This is the Party Signifier provided by SECAS for the named Party |
| R5 | Party Signifiers on whose behalf this request is raised | | No | * Please enter the Names and Party signifiers of any Parties that will be sharing your connection or will be entitled to use it. |
| R6 | Contact Name (Title, First, Last) | | Yes | * This must be the name of the person submitting the form. This person must be a Nominated Contact for this Party. |
| R7 | Contact Email Address | | Yes | * This should be the email address of the person named in R6. |
| R8 | Contact Address | | Yes | * This should be the address of the person named in R6. |
| R9 | Contact Role(s) | | Yes | * This should be the Job title of the person named in R6. |
| R10 | Contact Telephone No | | Yes | * This should be the telephone number of the person named in R6. |
| R11 | Name and address of Installation Location (including postcode) | | Yes | * This should be the address where the connection is to be installed. It is essential that the postcode is included as this will determine whether a site visit is required. |
| R12 | Gateway Connection Type | | Yes | * This will select whether you are requesting a High or Low Volume Connection |
| R13 | High Volume Bandwidth options | | Yes (HV) | * This is the specific Connection Bandwidth required. This is available in 10MB increments up to the maximum 100MB bandwidth available. |
| R14 | Low Volume Connection – Telephone Line options | | Yes (LV) | * Option to specify if a new telephone line is required if an LV connection was specified in R12 * If you already have a telephone line that will be dedicated for this connection you need to enter the number here. |
| R15 | Select the minimum Term of the connection | | Yes | * This is the term that the Connection will be available |
| R16 | Installation Times | | Yes | * When can the installation be carried out? Select one of the options in the form. |
| R17 | Performance Reports | | Yes | * Whether you would like to receive monthly performance reports for this connection |
| R18 | Router Connectivity Options | | No | * Whether you require router connectivity over and above the standard Ethernet connection provided |
| R19 | Authorised Signature | | Yes | * Signature of the person authorised to submit the request |