

## CMS Customer Service Center

### IWIN: Illinois Wireless Information Network

#### Instructions: [Wireless Service Request-WSR](#) [Effective 09-15-08]

Complete all information pertinent to type of requested service.

#### Page 1

##### Department Information

1. Department Name. **(Required Field)** Enter name of your agency, department, municipality, or other law enforcement entity.
2. Department Address. **(Completion required for New Agencies when Box 6 is checked "Yes")** List the physical address for your agency, department, municipality, or other law enforcement entity.
3. NCIC Primary ORI. Provide the NCIC assigned FBI number authorizing your agency's NCIC access. If your agency was not assigned an ORI and is requesting LEADS access, please contact the Illinois State Police Help Desk at 217-782-4155. Note: The CSC/ORI assignment may take up to two (2) weeks.

##### Billing Information.

4. Accounting Unit Number.  
(A) CMS will create and enter the newly assigned accounting/billing AU for new IWIN agencies.  
**-OR-**  
(B) Existing IWIN agencies enter their previously assigned AU number.
5. Billing Contact Name and Telephone Number. **(Completion required for New Agencies when Box 6 is checked "Yes")** List the name of the individual who will receive IWIN billing. Telephone number is optional.
6. Establish New Accounting Unit Number. **(Required Field for New Agencies)**  
(A) New IWIN agencies must:  
Check "Yes" to request creation of a new accounting/billing AU number,  
Enter the FEIN number, and  
Complete all billing contact information in boxes 5 and 7  
**-OR-**  
(B) Existing IWIN agencies do not need to complete Box 6.
7. Billing Address-Street, City, Zip Code. **(Completion required for New Agencies when Box 6 is checked "Yes")** Provide the address for receipt of IWIN billing.
8. IWIN Coordinator Name. **(Required field)** All IWIN participant agencies must appoint an IWIN Coordinator who is the primary contact regarding IWIN related matters. The IWIN Coordinator will be provided technical training and is the first line of technical support for your agency. The Coordinator must have an IWIN User ID.
9. IWIN Coordinator Address. **(Completion required for New Agencies when Box 6 is checked "Yes")** Provide the IWIN Coordinator's mailing address. The agency's IWIN software will be shipped to this address unless specified otherwise.
10. Telephone. **(Completion required for New Agencies when Box 6 is checked "Yes")** Provide the IWIN Coordinator's telephone number.
11. Fax Number. **(Completion required for New Agencies when Box 6 is checked "Yes")** Provide the IWIN Coordinator's fax number.
12. Internet email address. **(Completion required for New Agencies when Box 6 is checked "Yes")** Provide the IWIN Coordinator's email address.

13. Telecommunications Coordinator. (Required ONLY for state agencies) State agencies must provide the name of the agency's Telecommunications Coordinator. This individual must sign the WSR form.
14. Telecommunications Coordinator Telephone. (Required ONLY for state agencies) State agencies must provide the Telecommunications Coordinator's telephone number.

### Terms and Conditions Agreement.

15. Chief Administrator / Telecommunications Coordinator Name. (Completion required) IWIN Terms and Conditions apply to all participant agencies, departments, municipalities, and other law enforcement entities. Agencies may be periodically audited to ensure compliance with terms and conditions, and CMS reserves the right to discontinue service if violations occur.

Network security is of the utmost importance. Participant IWIN agencies are responsible for enforcing policies and procedures that safeguard IWIN access and the security of the MDC/PDC with their users. The agency's chief administrator or other authorized individual should carefully read these requirements before signing.

Print legibly or type the name of the chief administrator or Telecommunications Coordinator authorized to sign for the agency.

16. Title of Chief Administrator / Telecommunications Coordinator. (Completion required) Print or type the title of the chief administrator or Telecommunications Coordinator authorized to sign the WSR.
17. Chief Administrator /Director Signature. (Completion required) Signature by the chief administrator, Director, or state agency's Telecommunications Coordinator indicates he/she has read and agrees to the IWIN terms and conditions. Signature also indicates acceptance of IWIN pricing as listed on the CMS/BCCS web page ([www.bccs.illinois.gov](http://www.bccs.illinois.gov) - click on IWIN services).
18. Control Number. Agencies are encouraged to assign an internal control/tracking number for each order. The control number is the agency's reference number when calling to make inquiries about order status. CMS enters your control number in a database and can track each order's status by its control number. A sequential alpha and/or numeric scheme (i.e. do not repeat control numbers) is suggested. You may want to incorporate the fiscal year or date as part of the number.

Specify which CDC should receive emergency message notifications (usually the dispatch/communications CDC).

## CDMA Page 2 – Wireless Service Request Form

### Type of Service Request.

- Mark appropriate box(es) to indicate the type of service requested.
- New activation: check the CDMA plan requested.
- Service disconnection: check the "Disconnect" box and list the IP to be disconnected.
- New LAN connection: check the "LAN Client" box and list the static IP of the device the client is assigned to.

- Change in CDMA plan: check the “Change Service Plan” box and mark the box of the desired CDMA plan.
- Multiple actions (requesting more than one activation, change, or disconnect): complete a section for each request.
- Any action not listed: use “other” box and provide explanation in the Comments field.

**MCD/PDA.**

List both the make and model of MDC/PDA for which service is being requested.

**CMS Use.**

The CMS Customer Service Center enters the new IP and phone number of the activation. If you are changing plans, please fill in your current phone number and IT address here.

**Purchase Modem from CMS?**

If your agency is purchasing a PCMCIA card or modem under the State of Illinois master contract, check “Yes” and complete the “Specific Model and Type numbers” section. If your agency is supplying your own modems check the “No” box.

**User Supplied Modem.**

If your agency is supplying the modem(s), this section must be completed.

**County of Primary Assignment.**

List the primary county where the device will be working.

**For Satellite Users Only.**

Satellite user agencies must provide the CAD ID for each device.

**Comments.**

Agencies may provide additional comments such as details for any modem accessories requests.

**Return the Wireless Service Request to:**

Central Management Services  
Customer Service Center - Provisioning  
120 West Jefferson – 2<sup>nd</sup> Floor  
Springfield, IL 62702-5103

**For questions, contact:**

Central Management Services  
Customer Service Center  
800-366-8768  
[follow prompts]