Montana Department of Corrections
State Issued Cellular Telephone
Request & Authorization

*All fields must be completed by Requestor

Cellular Requestor Name: ____________________________________________

I have read DOC Cellular Telephone policy 1.3.51 and will comply with all terms and conditions of this policy:
Signature of Cellular Requestor: ______________________________________

Justification for assignment: 

Cellular Telephone □ Data Device □ Air Card □

Authorization signature: ____________________________________________ Date: __________________ (Administrator)

Facility/Program: ______________________ Org #: ______________________

Deliver phone to:

Name: ________________________________

Address: ________________________________

City, State, Zip: ____________________________

Office Telephone number: ______________________

Submit completed form to Cellular Telephone Manager, Contracts Management Bureau, AFSD, 5 S. Last Chance Gulch, Helena, MT 59601.

Users requesting connection to the State of Montana’s Exchange system for email, calendar, and contacts via a mobile device, must also submit a signed Unmanaged Mobile Device Email User Agreement or Managed Mobile Device Email User Agreement along with this form.

Cellular Telephone Number Assigned: _______ Activation date: _______ Plan/Minutes: _______

Funding:
Approved: _______ Disapproved: _______
Funding Signature: ______________________

Comments:
________________________________________

Data Device (Managed Mobile Device):
Approved: _______ Disapproved: _______
IT Signature: ____________________________

Comments:
________________________________________

________________________________________

DOC 1.3.51 (Attachment) State Issued Cellular Telephone Request & Authorization– Form Revised 3/29/2011