

TWO WAY RADIO EQUIPMENT WORK ORDER

(Complete one work order for each equipment)

Department Name: _____ Date: _____

Requestor's Name: _____ Signature: _____

Email Address: _____ Contact #: _____

(For Customer Owned Equipment, Dept. will be charged for all services requested)

Equipment Type:

Portable _____ Mobile _____ (Specify Vehicle No. _____) Repeater _____

Base Station _____ Other (specify) _____

Equipment Ownership:

NCCSI Leased _____ NNTU Purchased & Assigned _____ Dept Purchased/Owned _____

Serial Number(s): _____

(Serial Number to the radio equipment, very important, work order will not be processed without it!)

Description of Service Request: (Please check all that apply)

<input type="checkbox"/>	Removal	<input type="checkbox"/>	Radio not transmitting
<input type="checkbox"/>	Installation	<input type="checkbox"/>	Power issues
<input type="checkbox"/>	Programming	<input type="checkbox"/>	Accessories issues
<input type="checkbox"/>	Re-programming	<input type="checkbox"/>	Antenna issues
<input type="checkbox"/>	Radio not receiving	<input type="checkbox"/>	Other, please specify

TO BE COMPLETED BY NAVAJO NATION TELECOMMUNICATIONS & UTILITIES

NNTU Job Ticket#: _____ Shopware Entry: _____

Internal Work Order: _____ Hours Completed: _____ Date Completed: _____

APPROVAL _____ ACKNOWLEDGEMENT _____ Bill to NCCSI Account#: _____

NNTU Authorized Personnel Signature/Date: _____

Date Faxed to NCCSI: _____

TO BE COMPLETED BY NCC SYSTEMS, INC. or NNTU RADIO TECHNICIAN

Service Ticket #: _____ Service Completion Date: _____

Serial and Model #: _____

Inventory: New assignment _____ Replacement _____ Obsolete _____

Work Completed: _____