# Designated Agency Representative – DAR Authorization

A. Type of Request (Mark One(X):|_| New |_| Modify |_| Delete )

B**. DAR Information**

_____
First Name MI Last Name

_____
C. Title

_____
D. DAR's Organization

E. Telephone: Voice _____ FAX _____

F. Email Address: _____

G. Preferred Method of Receiving Service Request Acknowledgments. Service Order Notifications, and Service Order Completion Notices?
(Mark One (X) :|_| E-Mail |_| FAX |_| US Mail )

H. **DAR Supervisor Information**

_____
First Name MI Last Name

I. _____
DAR Supervisor's Title

J. **Mailing Address Information**

_____
Organization Mailstop/Office Symbol

_____
Street

_____
City State Zip Code

K. Agency Bureau Code (s) Represented by DAR:_____

L. Types of Service DAR Authorized to Place Orders (Mark All that apply (X) ):

**Circuit Switched Service**: |_| Switched Voice Service |_| Toll Free Service |_| 900 Service |_| Circuit Switched Data Service

**Switched Data Service**: |_| Packet Switched Service |_| Internet Protocol Service |_| Frame Relay Service |_| ATM Service

**Dedicated Transmission Service**: |_| Dedicated Transmission Service

**Value Added Service**: |_| Video Transmission Service

M. **Does DAR have Expedite Authority**? : |_| YES |_| NO

N. **Does DAR have DAR Administrator Authority**? : |_| YES |_| NO

O. The DAR is responsible for ensuring that sufficient funding is available for all requested service(s) prior to the submission of each service request to the contractor(s) providing the above services and/or equipment. The transmission of any service and/or equipment request to the contractor indicates certification of funding availability.

P.Person Completing this form Telephone Number

_____

Q. Authorizing Signature Title Date GSA Signature (Required)