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|  | **Commonwealth Office of Technology** | | | | **COT-F070** |
|  | **Order For Production Print Services Form** | | | | **Effective: 08/12/2014 Revised 10/05/2020** |
| Office of IT Services and Delivery | | Division of Platform Services | | Production Services Branch | |
|  | 275 E. Main Street, Frankfort, KY 40601 | | | |  |
| Telephone: (502) 564-7946 | | | E-mail: [COTBatchFormsSupport@ky.gov](mailto:COTBatchFormsSupport@ky.gov) | | |

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| **1.** | Date Submitted |  | Date Required |  |
|  | Requested By |  | Telephone No. | (   )   -     ext. |

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| **2. Reason for Request:** | | |
|  | Brief Description of Request |  |

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| **3. Provide Complete Billing Information** | | | | |
| COT Billing Number | |  | Agency |  |
| Address |  | | | |

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| **4. Contact Information:** | | | |
| Technical Contact |  | Email |  |
| Administrative Contact |  | Email |  |

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| **5. File Information:** | |
| Source Application |  |
| Production Platform |  |
| Print Method |  |
| I.P. Address |  |
| File Format |  |
| Input File Name |  |

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| **6. Output Information:** | | | | | | | | | | | | | |
| Output Form Name | | |  | | | | | | | | | | |
| Media Type | |  | | | | | Print Frequency | |  | | | | |
| Orientation | | | |  | Print Side | | |  | | Highlight Color | | |
| Portrait | Landscape | | |  | Simplex | Duplex | |  | | None | Red | Blue |

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| **7. Output Delivery Information:** | | | | | | |
|  | | Postal Services | End User: | Hold for Pick-Up |  | |
|  | Special Handling/Delivery Instructions | | | | |  |

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| **8. Authorization:** | | | |
| Agency IT Services Contact |  | Date |  |

**ORDER FOR PRODUCTION PRINT SERVICES**

(Instructions for Completion)

1. Provide the initial date of submission, expected date of task completion, name of individual submitting the initial request and their phone number.
2. Enter a brief description of the reason for the request, what is expected to complete request, and any special requirements regarding time-frame of intermediate steps and/or completion.
3. Enter complete billing information of responsible agency.
4. Please enter the contact information for a technical contact and administrative contact.
   1. The Technical Contact is generally the individual most closely working with our staff to complete the task requested.
   2. The Administrative Contact is generally the Team Lead or Branch Manager of the area requesting work.
5. Provide incoming (source) file information:
   1. Name of application (program) creating print, e.g., KAMES
   2. Name of platform running program to generate print, e.g., UNIX
   3. Method utilized to deliver file, e.g., (Hot) Folder, TCP/IP Print Driver, FTP
   4. Source I.P. address
   5. Format of incoming file, e.g., Postscript
   6. Application/Platform generated print file name, e.g.,

**Note Regarding Format and File Names:**

Postscript is the preferred format for incoming network print.

If other formats are desired please contact our office for restrictions and naming conventions relative to alternate formats such as pdf.

**The Following will cover most forms types:**

1. Number: can be MMDD etc. or 0000
2. Name:    up to 10 characters ASCII no special characters
3. Form:     up to 6 Char FORM / PAPER type ex. L4HOLE, PERF1, PLAIN
4. Class:      1 character AESTNP
5. Color:  Black and White, Red, or Blue
6. Extension:  .ps .pdf etc.
7. Example: 0704\_MYFILE\_HOLES\_A\_BLUE\_.pdf
8. Provide information regarding generated print:
   1. Agency name for generated form, e.g., UI3-R
   2. Media Type, e.g., Letter – Legal – Letter 3 Hole – Letter 1 Perf. Multiple Media Types or special instructions should be noted in Section 2.
   3. Indicate Frequency of Print, e.g., Daily – Weekly – Monthly
   4. Orientation: Please select portrait or landscape
   5. Simplex = One sided print, Duplex = Two sided print
   6. Highlight Color: Only one color in addition to black is available per job
9. Provide specific information regarding delivery of output. Indicate by checking the appropriate box for delivery to postal services, delivery to an end user or hold for pick-up. Provide accurate address for end user delivery. If delivery is date/time sensitive please include this in the special instructions section.
10. Obtain signatures authorizing this request:
    1. Branch Manager, Division Director or higher
    2. [Agency IT Services](https://app.box.com/s/kfu66v6z2ei4dwxupr4u3ktccidllv4v) contact – a listing is provided on the [COT website](https://technology.ky.gov/Pages/default.aspx).

Operations Services Branch Internal Data

(CUSTOMER: NO DATA ENTRY BELOW THIS LINE)

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| Special Handling/Delivery Instructions: |