

This form is used to request pager services. Please complete all sections and return form to Contracts & Procurement Services, Extended Zip 0047. Pager purchases, as well as monthly services charges, will be charged to the [ProCard](#) (<http://www.sjsu.edu/finance/financeconnect/resources/pathways/procard/index.html>) provided. Be aware that unless otherwise specified, all pagers will be created with a 408 area code.

I. Required Information

| | |
|--|---------------------|
| Existing Arch Wireless Customer Acct. # (if applicable): _____ | Date: _____ |
| Department: _____ | Extended Zip: _____ |
| Contact Name: _____ | Phone: _____ |
| Email: _____ | |

II. Action Requested

| | |
|--|--|
| Add a New Pager | |
| Holder Name: _____ | |
| Pager Type: _____ | Digital Numeric Alpha Numeric |
| Pager Coverage: _____ | Northern California Coverage Statewide Coverage |
| Pager Replacement | |
| Pager Number: (408) _____ | With Cap Code #: _____ |
| Reason for the replacement: | |
| Lost Stolen Damaged Malfunctioning ¹ | |
| Other (explain): _____ | |
| Holder Name Change | |
| Pager Number: (408) _____ | With Cap Code #: _____ |
| Current Holder Name: _____ | |
| New Holder Name: _____ | |

III. Procurement Card Information

| | |
|-----------------------------|--------------------------------|
| ProCard Number: _____ | Expiration Date (mm/yy): _____ |
| Cardholder Name: _____ | |
| Cardholder Signature: _____ | Date: _____ |

IV. Department Approval

| | |
|---------------------------------------|-------------|
| Approving Official's Signature: _____ | Date: _____ |
| Name: _____ | |

¹ Departments will return malfunctioning pagers after a replacement is received. Arch Wireless will charge the department for the replacement and credit the charge when the old unit is returned.