

Equipment Move Form

Use this form for all workstation move requests, including moves due to office relocations.

A separate form must be submitted for each location.

County	
County Site Name	

	TxDMV	Only
Date Receive	ed	

Instructions												
is needed. If me fillable form th <u>Allocations@T</u> >	ove assistance is at can be easily <u><dmv.gov< u=""> and c</dmv.gov<></u>	s neede popula copy yo	ed, the con ated on yo our regiona	n move requests a unty will be charge ur computer. Subn al service center m on Hub at <u>https://v</u>	d for act nit comp anager.	tual labor deted for Additiona	and travel ms via ema l informati	costs. il to <u>RT</u> on can	For yo <u>S-Wo</u> be fou	our conven rkstation-	ience, t	his is a
Workstation	Move – Cur	rent V	Vorkstat	ion Site MINIMUN	I LEAD TIN	IE 10 BUSIN	ESS DAYS; 15	BUSINE	SS DAY	S IF CABLE DI	ROP(S) N	EEDED
County Contact Na	me		Site	e Name								
Site Address				City				Stat	te		Zip	
Email Address				Phone Number			Ce	ell Phone	Phone Number			
Workstation	Nove – Nev	v Wor	kstation	Site minimum lea	D TIME 10) BUSINESS	DAYS; 15 BUS	SINESS D	AYS IF (CABLE DROP((S) NEEDE	D
County Contact Na	me		Site	e Name								
Site Address				City				Stat	te		Zip	
Email Address			Phone Number Cell Phone I				Number					
Workstation	Information	I										
Workstation Control Point			TxDMV Asset Tag CPU	TxDMV Asset Tag		Does workstation have a cash drawer?		Will cash drawer need to be mounted under desk?		TxDMV Only (approved/denied)		
many cable drop	many cable drops needed the county			nove assistance is needed, y will be charged for actual bor and travel.Is move assistance needed? (yes/no)			Is a cost estimate requested for this move?		for			

Office Move – Current Site 60 WORKING DAY NOTICE REQUIRED (NOTE: County will be charged for actual costs of labor, travel and site setup costs)										
County Contact Name Site Name										
Site Address City					Sta	te		Zip		
Email Address			Cell Phone	Number		L				
Office Move	– New Site 6	0 WORKING DAY NO	OTICE REQUIRED		Ł					
County Contact Na	me	Sit	te Name							
Site Address City			City			Sta	te	Zip		
Email Address			Phone Number			Cell Phone	Number			
Workstation	Information	(please use add	ditional forms if ne	eded)						
Workstation Control Point	Serial Number CPU	Serial Number Printer	TxDMV Asset Tag CPU	TxDMV Asset Tag Printer	Does wor have a drav	a cash	drawer be mo	cash need to ounted desk?	TxDMV Only (approved/denied)	
New Site Inf	New Site Information (for Office Moves only)									
		on of a T1 circui uit, and electrici	it; however, the cir ty.	cuit cannot be <u>ord</u>	<u>ered</u> unt	il four re	quireme	ents are i	in place:	
Alternate County Contact Name)				New Site Requirements	ls requ	ls requirement in place? (yes/no) re			If no, provide date requirement will be in place	
New Site Land Line Phone Number Alternate County Contact Cell Phone			Contact Cell Phone	Backboard						
Alternate County Contact Email Address				Ground Wire						
New Site Name				Conduit						
If cabling is needed, how many cable drops needed for new site?				Electricity						

TxDMV Cost Estimate for Requested Workstation Move(s)						
Labor Cost Estimate						
Travel Cost Estimate						
Additional Cost Estimate						
Total Cost Estimate						
TxDMV Use Only – Interna	al Routing					
VTR →	ITS ->	VTR				
BRS Review Date	ITS Received Date	BRS Received Date				
Form Emailed to ITS Date	Cost Estimate to County Within 10 Working Days	Move(s) Completion Date				
IT Ticket Number	Form Emailed to BRS Date	Request Closed Date				