Request for Cellular Device Exemption

Request Date: ________________________

Department Org Code: ___________ Department Name: _________________________________

Agency Org Code (if applicable): _____ Agency Name (if applicable): _____________________

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages:

Number/Type of devices requested:

A. Justification for exemption(s):

B. Clearly explain why other alternatives, such as shared resource pooling, are not practical:

Annual Cost for the Devices Requested (by device type):

Total: $ ________________________

Contact Person: __________________ Phone Number: ___________ E-mail: __________________