

Communications and Information

LA ANG CELLULAR PHONES AND PAGER ACQUISITION

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 159CF/CC (Capt Arthur Troncoso) Certified by: 159FW/CC (Col Michael A. Jefferson)
Pages: 10
Distribution: F

This instruction provides specific procedures and responsibilities to Louisiana Air National Guard (LA ANG) for acquiring Personal Wireless Communication Systems (PWCS), which include but not limited to cellular phones and pagers.

1. **Policy:** All LA ANG personnel must follow the specific procedures outlined in this instruction to obtain any type of cellular phone or pager. Failure to follow these procedures will result in a request being disapproved or the device/system removed from the individual. Additionally, all personnel must follow guidelines and policy contained in HQ LA ANG Pamphlet 33-9, *Personal Wireless Communications Systems User Handbook*, for use of the device/system or it will be removed from the individual.

2. **Responsibilities:**

2.1. LA ANG Personnel (requestor) will:

2.1.1. Identify a need for a cellular phone or pager by completing the Decision Matrix document. Attachment 1 must be completed and signed by the requester.

2.1.2. Complete an AF Form 3215, **IT/NSS Requirements Document**. Attachment 2 is a sample containing the specific details for completing the AF Form 3215 for obtaining a cellular phone or pager.

2.1.3. Submit both documents to the unit PWCS manager for review and approval.

2.1.4. Upon receipt of the equipment, provide the unit PWCS manager with the following information:

2.1.4.1. Manufacturer, Model, and Serial Number of the equipment.

2.1.4.2. Telephone number associated with equipment.

2.1.4.3. Name of user if not same as the requestor.

2.1.5. Adhere to the following guidelines, as listed in HQ LA ANG Pamphlet 33-9, once the cellular phone is received:

2.1.5.1. Personal calls will be the exception not the rule.

2.1.5.2. Cellular telephones must not be used for personal convenience such as the conduct of personal, private business or extended calls to family or friends.

2.1.5.3. Cellular telephones may be used for occasional personal calls related to mission activities. Such calls (for example, to inform family members of unexpected change in schedule) may be made when use of a landline telephone is not practical. In addition, emergency cellular telephone calls for police, fire, medical, or roadside assistance are authorized.

2.1.5.4. Cellular telephones will not be used while driving. Pull off the road when it is safe to do so and place the call after stopping the vehicle.

2.1.5.5. Refer any questions concerning personal use to your commander before placing personal calls not within the general categories above.

2.1.5.6. If dual line cell phones are available, individual may elect at their option to activate the second line as a personal number and place personal calls on that line. In such case, they will comply with the guidance in AFI 33-106, *Managing High Frequency Radios, Personal Wireless Communication Systems, and the Military Affiliate Radio System*.

2.1.5.7. Users are reminded not to transmit classified information over unsecured cellular telephones and that Air Force issued cellular telephones are subject to monitoring per AFI 33-219, *Telecommunications Monitoring and Assessment Program (TMAP)*.

2.1.6. Reimburse the government for personal calls that cause the cellular phone bill to exceed its monthly-allotted usage charge.

2.2. Unit PWCS Manager will:

2.2.1. Review and sign the Decision Matrix document to verify the requirement and ensure accuracy and completeness.

2.2.2 Review the AF Form 3215 to verify the requirement and ensure accuracy and completeness.

2.2.3. Approve/disapprove both the AF Form 3215 and Decision Matrix documents. If approved, forward to the Unit Resource Advisor for review and approval.

2.2.4. Upon receipt of approved documents from the Resource Advisor, provide 159 CF/SCM all information listed in paragraph 2.1.4.

2.3. Resource Advisor will:

2.3.1. Review AF Form 3215 and Decision Matrix document.

2.3.2. Verify unit funds are available and prepare AF Form 9, **Request for Purchase**, in the Automated Business Services System (ABSS) as prescribed in Attachment 3.

2.3.3. Submit AF Form 9 to the unit commander or Base Contracting office using ABSS.

2.3.4. Print a hard copy of the AF Form 9 and attach it to the AF Form 3215.

2.3.5. Forward the AF Form 3215, AF Form 9, and Decision Matrix document to the unit commander.

2.4. Unit Commander will:

2.4.1. Review and approve/disapprove AF Form 3215, AF Form 9 and Decision Matrix document.

2.4.1.1. Sign the AF Form 3215 in the “Records Management Approval Authority” block.

2.4.1.2. Sign page 2 of the Decision Matrix document.

2.4.1.3. If applicable, review and approve/disapprove AF Form 9 in ABSS.

2.4.2. Forward the AF Form 3215, AF Form 9, and Decision Matrix document to appropriate group commander or ESSO.

2.4.3. Conduct annual recertification of all cellular phones and pagers within the unit and forward to Group Commander or HQ LA ANG/ESSO.

2.5. Group Commander will (not applicable to GSU):

2.5.1. Review and approve/disapprove AF Form 3215, AF Form 9 and Decision Matrix document.

2.5.1.1. Sign the AF Form 3215 in the “Requester Approval Authority” block.

2.5.1.2. Sign page 2 of the Decision Matrix.

2.5.2. Forward the AF Form 3215, AF Form 9, and Decision Matrix document to the wing commander.

2.5.3. Review annual verification of all cellular phones and pagers within the units under his/her command.

2.6. Wing Commander or HQ LA ANG/ESSO will:

2.6.1. Review and approve/disapprove AF Form 3215, AF Form 9 and Decision Matrix document.

2.6.1.1. Sign the AF Form 3215 in the “Host/Base Approval Authority” block.

2.6.1.2. Sign page 2 of the Decision Matrix document.

2.6.2. Forward the AF Form 3215, AF Form 9, and Decision Matrix document to Communications Systems Officer (CSO).

2.6.3. HQ LA ANG/ESSO office may FAX a copy of all required documents to the CSO via DSN 457-8301 or (504)391-8301.

2.7. Communications System Officer and 159th Communications Flight Plans and Implementation branch will:

2.7.1. Review AF Form 3215, AF Form 9, and Decision Matrix document.

2.7.2. Sign the AF Form 3215 in the "Technical Solution Authority" block.

2.7.3. Create a project folder for the IT Requirement and maintain a copy of all applicable documentation within the project folder.

2.7.4. Forward the AF Form 3215 and Decision Matrix document to the Base Contracting office.

2.8. Base Contracting will:

2.8.1. Review AF Form 3215, AF Form 9, and Decision Matrix document.

2.8.2. Approve and process the AF Form 9 in ABSS.

2.8.3. Upon receipt of the processed AF Form 9 from 159 FM/FMA, purchase equipment and service from vendor.

2.8.4. Upon receiving equipment from vendor, contact the requestor to establish a pick up time from Base Contracting.

2.9. 159 FM/FMA (Budget) will:

2.9.1. Review AF Form 9.

2.9.2. Verify funds are available within the applicable unit.

2.9.3. Approve and process AF Form 9 in ABSS, which is then sent back to Contracting within the ABSS system.

3. Referenced Publications: HQ LA ANG Pamphlet 33-9, *Personal Wireless Communications Systems User Handbook*, AFI 33-103, AFI 33-106, *Managing High Frequency Radios*, *Personal Wireless Communication Systems*, and the *Military Affiliate Radio System*, and AFI 33-219, *Telecommunications Monitoring and Assessment Program (TMAP)*.

4. Referenced Forms: AF Form 9, **Request for Purchase**, AF Form 3215, **IT/NSS Requirements Document**.

BY ORDER OF THE GOVERNOR

BENNETT C. LANDRENEAU
Major General, LAARNG
The Adjutant General

OFFICIAL

//Signed//

JOHN B. SOILEAU, JR., Col, LA ANG
Executive Support Staff Officer

Attachment 1
Cellular Telephone (CT) Acquisition Decision Matrix

1. *Will/Is* this CT requirement for command & control communications?
 YES (you must look for a solution other than a cellular telephone per AFI 33-106)
 NO (proceed to next paragraph)
2. *Will/Is* This equipment for transmission/reception of classified, or sensitive unclassified information in a mobile environment?
 YES (request solution for portable/mobile STU-III)
 NO (proceed to next paragraph)
3. *Will/Does* this requirement result in a net reduction in the number of your unit's LMRs or pagers?
 YES (proceed to next paragraph)
 NO (proceed to paragraph 6)
4. Will this *requirement for/continued use of* a CT be for a mission that was previously satisfied by an LMR or pager?
 YES (proceed to next paragraph)
 NO (proceed to paragraph 6)
5. In order to approve your request *for/continued use of* CT, aspects of the original mission must have changed making the continued use of LMRs or pagers unworkable. (If convenience is the primary reason for the *request/continued use*, then a CT is not warranted. If there is a substantial change to your mission requirements, proceed to next paragraph).
6. If your needs cannot be met through the use of LMRs or pagers, is there a serious mission degradation, failure, or life and death impact that justifies your new or continued requirement for a CT?
 YES (read paragraph 7, sign, date, and return this document to unit LMR Manager. Initial CT purchase requests require an AF Form 3215 along with this Acquisition Decision Matrix. A technical solution for purchase of a CT will be developed and upon approval and you will receive written notice.)

Attachment 1 (Con't)

__ NO (look for solution other than CT, such as LMRs or pagers)

7. DO NOT DISCUSS CLASSIFIED INFORMATION ON ANY CELLULAR TELEPHONE. Cellular telephones are subject to monitoring at all times. Any use of cellular telephones constitutes consent to monitoring.

NAME/RANK (Print or Type)_____

SIGNATURE:_____ DATE:_____

NAME/RANK (Unit Commander):_____

SIGNATURE:_____ DATE:_____

NAME/RANK (Group Commander):_____

SIGNATURE:_____ DATE:_____

Attachment 2
AF 3215, IT/NSS Requirements Document Sample for Cell Phone
Acquisition

IT/NSS REQUIREMENTS DOCUMENT		DATE: 20040121	CSO CONTROL NUMBER: COMPLETED BY 159CF
REQUIREMENT TITLE: WIRELESS COMMUNICATIONS PURCHASE (CELLULAR PHONE)		REQUESTING AGENCY POINT OF CONTACT (Organization, Office, Name, Grade, Telephone Number)	
DATE NEEDED: 20040221	MISSION OR SYSTEM SUPPORTED:	REQUESTER (Example) 159 MSG/LBCV MSgt Rod Blouin 391-8369	
<p>REQUIREMENT:</p> <ul style="list-style-type: none"> - State if the request is for new or existing service. - Provide required range and coverage area. - State if classified or sensitive information will be communicated. - State if there is serious mission degradation, failure, or life and death impact that cannot be met through the use of an LMR or Pager. - State the minimum required features of the requested device. <p>(Example) This is a "new" request for service. Must have NATIONWIDE coverage w/ unlimited minutes. Classified/Sensitive information will not be transmitted. SANYO MCP-5400, DUAL BAND, PCS FULL-COLOR SCREEN, SPEAKER PHONE AND VOICE ACTIVATED DIALING)</p> <p>JUSTIFICATION: State intended purpose for use of equipment. Enter why you need it. DO NOT enter "Because we want it" or "Because Col John Doe wants it". Provide justification for ALL REQUIREMENTS identified. Include as much information as possible. This allows 159 FW CSO to prioritize project implementation, resource allocation and work center workload. State how it will impact your mission; will it cause mission failure or serious mission degradation? State how and why.</p> <p>(Example) Cellular Telephone will be utilized by 159MSG/LGC NCOIC for the purposes of handling office duties while physically away from the office, conduct negotiations with vendors and office personnel while TDY. Nationwide coverage is requested due to frequent TDYs and the availability of being contacted by upper-management in the event of an emergency.</p>			
TECHNICAL SOLUTION AND COSTING			
CSO'S PROPOSED SOLUTION/ALTERNATIVES: **PROVIDED BY 159FW CSO OR DESIGNATED INDIVIDUAL - REF: AFI 33-106**			
TECHNICAL SOLUTION AUTHORITY			
THIS SOLUTION MEETS ARCHITECTURAL AND INTEROPERABILITY REQUIREMENTS (Name, Organization, Telephone Number):		TECHNICAL REFERENCES USED:	
APPROVAL AUTHORITY			
RECORDS MANAGEMENT APPROVAL AUTHORITY (Name, Title, Organization): UNIT COMMANDER signature		<input type="checkbox"/>	APPROVED
		<input type="checkbox"/>	DISAPPROVED
REQUESTER APPROVAL AUTHORITY (Name, Title, Organization): GROUP COMMANDER signature		<input type="checkbox"/>	FUNDS AVAILABLE
		<input type="checkbox"/>	UNFUNDED
		<input type="checkbox"/>	APPROVED
		<input type="checkbox"/>	DISAPPROVED
HOST BASE APPROVAL AUTHORITY (Name, Title, Organization): WING COMMANDER signature		<input type="checkbox"/>	APPROVED FUNDED
		<input type="checkbox"/>	APPROVED UNFUNDED
		<input type="checkbox"/>	DISAPPROVED
MAJCOM APPROVAL AUTHORITY (Name, Title, Organization):		<input type="checkbox"/>	APPROVE
		<input type="checkbox"/>	VALIDATE

Attachment 3
AF Form 9, Request For Purchase Sample for Cell Phone Acquisition

REQUEST FOR PURCHASE				NO. F9MSSQ40210001	
INSTALLATION 159FW NAS-JRB, NEW ORLEANS, LA 70143-0027				DATE 20040121	
TO: CONTRACTING OFFICER 159MSG/LGCV				CLASS	
THROUGH 159FW/FMFC				CONTRACT, PURCHASE ORDER OR DELIVERY ORDER NO.	
FROM: <i>(Insert RC/CC, if applicable)</i> 159MSG/LGCV, BASE CONTRACTING OFFICE					
IT IS REQUESTED THAT THE SUPPLIES AND SERVICES ENUMERATED BELOW AND IN THE ATTACHED LIST, BE					
PURCHASED FOR BASE CONTRACTING OFFICE		FOR DELIVERY TO 400 RUSSELL AVE, BLDG #473, RM 212		NOT LATER THAN 20040215	
ITEM	DESCRIPTION OF MATERIAL OR SERVICES TO BE PURCHASED	QUANTITY	UNIT	ESTIMATED UNIT PRICE	ESTIMATED TOTAL COST
0001	CONTRACTOR MUST FURNISH CELLULAR SERVICE TO MEET THE FOLLOWING REQUIREMENTS: MODEL, MAKE AND FEATURES OF THE CELLULAR TELEPHONE. (EXAMPLE - SANYO MCP-S400, DUAL BAND, PCS FULL-COLOR SCREEN, SPEAKERPHONE AND VOICE ACTIVATED DIALING)	5	EA	99.99	499.95
0002	CELLULAR SERVICE PLAN CONSISTING OF THE FOLLOWING: SPRINT NATIONWIDE PCS NETWORK, 500 MINUTES, VOICE MAIL, CALLER ID, LONG DISTANCE, FREE NIGHTS AND WEEKENDS, UNLIMITED MOBILE TO MOBILE, UNLIMITED PCS READY LINK, SHARED MINUTES AND \$.35 PER MIN FOR OVERAGE MINUTES. (FIVE (5) CELLULAR PHONES X \$50.00 MONTHLY PLAN = \$250.00) SPRINT BUSINESS SOLUTIONS 3838 N. CAUSEWAY BLVD. METAIRIE, LA 70002 504-841-2060 ATTN: REBECCA HELMS	12	MO	250.00	3000.00
TOTAL					\$ 3,499.95
PURPOSE					
DATE	TYPED NAME AND GRADE OF REQUESTING OFFICIAL	SIGNATURE			
20040121	Any LA ANG personnel or Resource Advisor	TELEPHONE NO. 504-391-8369			
DATE	TYPED NAME AND GRADE OF APPROVING OFFICIAL	SIGNATURE			
20040121	Unit Resource Advisor or Unit Commander				
<i>I certify that the supplies and services listed above and in the attached list are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.</i>					
ACCOUNTING CLASSIFICATION				AMOUNT \$ 3,499.95	
DATE	TYPED NAME AND GRADE OF CERTIFYING OFFICIAL	SIGNATURE			

Attachment 4

Cell Phone/Pager Acquisitions Process

