

Computer Imaging Form

User Name: _____ Phone#: _____ Agency/Loc: _____

Existing PC Details	New PC Details
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Blue State ID# _____	Blue State ID# _____
Model Number _____	Model Number _____
Service Tag _____	Service Tag _____
IP Address _____	IP Address _____

Software to be Installed

Operating System _____ (License is based on what came with the computer)

Microsoft Office Suite _____ (Must have license for version being requested)

Other Software Needed:

Printers / Scanners to Connect

Make and Model Number	Connection: Local or Network?	If Network: IP Address?

The Division Coordinator's signature certifies that the division has purchased sufficient licenses to install the indicated software on this PC.

*** Division Coordinator's Signature ***	Date
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For Technician Use Only:

Microsoft OS/Office Updates []	Microsoft OS/Office Activated []	Device Manager Checked []
BIOS Updated []	Verified PC Name []	Group Policy Updated []
Joined to Domain []	Altiris Installed []	Symantec Endpoint Installed []
Moved to Correct OU in AD []	Removed old PC from AD []	Ticket #