



165 Capitol Avenue
Hartford, CT 06106-1658

April 24, 2014

Loren Klassen
Service & Delivery Operations Manager
3M Center
Building 225-4N-14
St. Paul, MN 55144-1000

Re: Master Agreement 08ITZ0069MB

Dear Ms. Klassen,

We have received your request to update the Product Schedule associated with the above noted Department of Administrative Services Master Agreement. **This change adds the Change Orders per the attached detail for the Department of Motor Vehicles CIVLS Modernization Program.**

Given the Terms and Conditions of this agreement, the request to update the Product Schedule is approved. A copy of your Product Schedule update request is attached to this letter. Please consider the services a part of the associated Master Agreement and file this approval with the appropriate agreement for future reference.

Thank you for your interest in doing business with the State of Connecticut.



✓
Jean Del Greco
Contract Specialist
DAS Procurement Services

cc: Master Agreement File 08ITZ0069MB



April 24, 2014

Ms. Nancy Dumais
State of Connecticut
Department of Motor Vehicles
60 State Street
Wethersfield, CT 06109

Mr. Joseph Giliberto
State of Connecticut
DAS/Procurement Services
165 Capitol Avenue, 5th Floor South
Hartford, CT 06106-1658

Subject: Request for Purchase Order for Change Orders for Release 2

Reference: State of Connecticut Department of Information Technology Connecticut Integrated Vehicle and Licensing System (CIVLS) Modernization Program #08ITZ0069MB

Dear Ms. Dumais and Mr. Giliberto:

This letter is in regard to the State of Connecticut's requested changes to Services for Release 2. As you know, the State requested changes to certain services for Release 2 and 3M provided the State with the cost of those changes. 3M hereby requests the State to provide 3M with a Purchase Order for the requested and approved Change Orders detailed below. 3M will issue an invoice for these Change Orders on a monthly basis for work completed for applicable Release 2 Change Orders.

Detailed information for each change order can be found on the attached pages.

Summary of the Change Orders for Release 2:

Number	Title	Hours	Cost
46980	46980 - R2 - CM - Domiciled Address Analysis	2,790.00	\$ 306,900.00
46985	46985 - R2 - CM - Additional Fiscal Group Misc Transaction Products and GL Configuration Analysis	-	\$ -
46988	46988 - R2 - CM - Payment Manager Add Charge Product Configuration Update Analysis	-	\$ -
47000	47000 - R2 - CM - Unable to use Fire Apparatus on all vehicle types Analysis	487.65	\$ 53,641.50

Number	Title	Hours	Cost
47003	47003 - R2 - CM - SI - should not default Date (Specific to T&R Transaction only) 2013.03.13 007 Analysis	90.80	\$ 9,988.00
47329	47329 - R2 - CM - Vehicle History and Vehicle Inquiry Report Analysis	351.50	\$ 38,665.00
47987	47987 - R2 - CM - IRP Analysis	1,800.00	\$ 198,000.00
48259	48259 - R2 - CM - Title Suspense Letter (Re-Work) Analysis - 3M will Absorb	-	\$ -
48335	48335 - R2 - CM - Emissions Analysis	90.80	\$ 9,988.00
48363	48363 - R2 - CM - Remove Required Document Validation for System-Assigned Fee Adjustments Analysis	374.20	\$ 41,162.00
48364	48364 - R2 - CM - Some Special Order Plates Require a Different Commemorative Fee Analysis	759.80	\$ 83,578.00
48365	48365 - R2 - CM - Some Special Order Plates Are Exempt from the Special Plate Fees 2013.03.04 005 - Madelon D Analysis	533.00	\$ 58,630.00
48366	48366 - R2 - CM - The Base Plate Fee Configuration for many plates is not correct. Analysis	-	\$ -
48367	48367 - R2 - CM - Order Special Plate - Fee Adjustment Configurations Analysis	-	\$ -
48368	48368 - R2 - CM - ATMM Product Distribution Priority Changes for Plate Fees Analysis	-	\$ -
48370	48370 - R2 - CM - Enable entry of Subject field for all correspondence in Manage Correspondence to allow storage and searching Analysis	1,678.40	\$ 184,624.00
48371	48371 - R2 - CM - Flashing Light Permit Functionality Changes	108.00	\$ 11,880.00
48378	48378 - R2 - CM - Vendor wants file naming convention changed (EDBMS - Send Reg Records) Analysis	90.80	\$ 9,988.00
48381	48381 - R2 - CM - Emissions Exception Not Needed Analysis	215.50	\$ 23,705.00
48488	48488 - R2 - CM - Unable to Issue Temporary Registration Permit Analysis	1,020.60	\$ 112,266.00
48491	48491 - R2 - Replacement Title - Title Number on Title Snapshot does not change Analysis -	521.70	\$ 57,387.00
48567	48567 - R2 - CM - Payment Card Changes II Analysis	1,213.40	\$ 133,474.00
48585	48585 - R2 - Comments field needs additional characters Analysis	192.80	\$ 21,208.00
48681	48681 - R2 - Set Plate Disposition Default in Terminate Registration Based on Value Selected in Action for Termination Field Analysis	362.80	\$ 39,908.00
49004	49004 - R2 - CM - Emissions - Unable to over-ride emissions stop	45.30	\$ 4,983.00
49043	49043 - R2 - ATMM Product Configuration Changes - Public Act 13-271	-	\$ -
49044	49044 - R2 - Changes to Sales tax due to Public Act 13-184	-	\$ -
50157	50157 - R2 - CM - Duplicate Title Letter - Vehicle Owner Field Upper Left	45.30	\$ 4,983.00
50290	50290 - R2 - CM - SI - should not default Date (Specific to Add/Release SI and SI Application)	45.30	\$ 4,983.00
51455	51455 - R2 - CM - 60 Day Reg Requirement for Boats Not Correct	102.10	\$ 11,231.00
51907	51907 - R2 - CM - Modify the Recreate functions to Allow Entry and Storage of the Registration Fee Used for Equity Transfer	181.50	\$ 19,965.00
51911	51911 - R2 - CM - Related Family Selection and Validations Using Wrong Field and Needs to be Changed	170.10	\$ 18,711.00

Page 3
Ms Nancy Dumais
April 21, 2014

52175	52175 - R2 - CM - ProRated Fees for Taxi, Livery, and Interstate Livery Not Correct	79.35	\$ 8,728.50
52248	52248 - R2 - CM - Fictitious Search Results Logging in Console	2,948.40	\$ 324,324.00
52375	52375 - R2 - CM - Additional Fiscal Group Misc Transaction Products and GL Configuration Part 2	-	\$ -
52695	52695 - R2 - CM - Interstate Commerce Checkbox Needs to be Enabled for Additional Usages	79.35	\$ 8,728.50
52744	52744 - R2 - CM - Merge Customer exclude Release1 records	-	\$ -
53234	53234 - R2 - CM - Service Bus Fee for 17+ Seats Needs to be changed from \$530 to \$533	90.75	\$ 9,982.50
53694	53694 - R2 - CM - Additional R3 Fees in R2 Products and GL Configuration	-	\$ -
53853	53853 - R2 - CM - Required Documents Checklist - Needs to Be Associated to Renewal Customer	90.75	\$ 9,982.50
Total:		16,559.68	\$1,821,594.50

Invoice terms are Net 30 days to be invoiced monthly without Holdback Retention on Invoices.

We thank you to your prompt attention to this matter and look forward to receiving a Purchase Order.

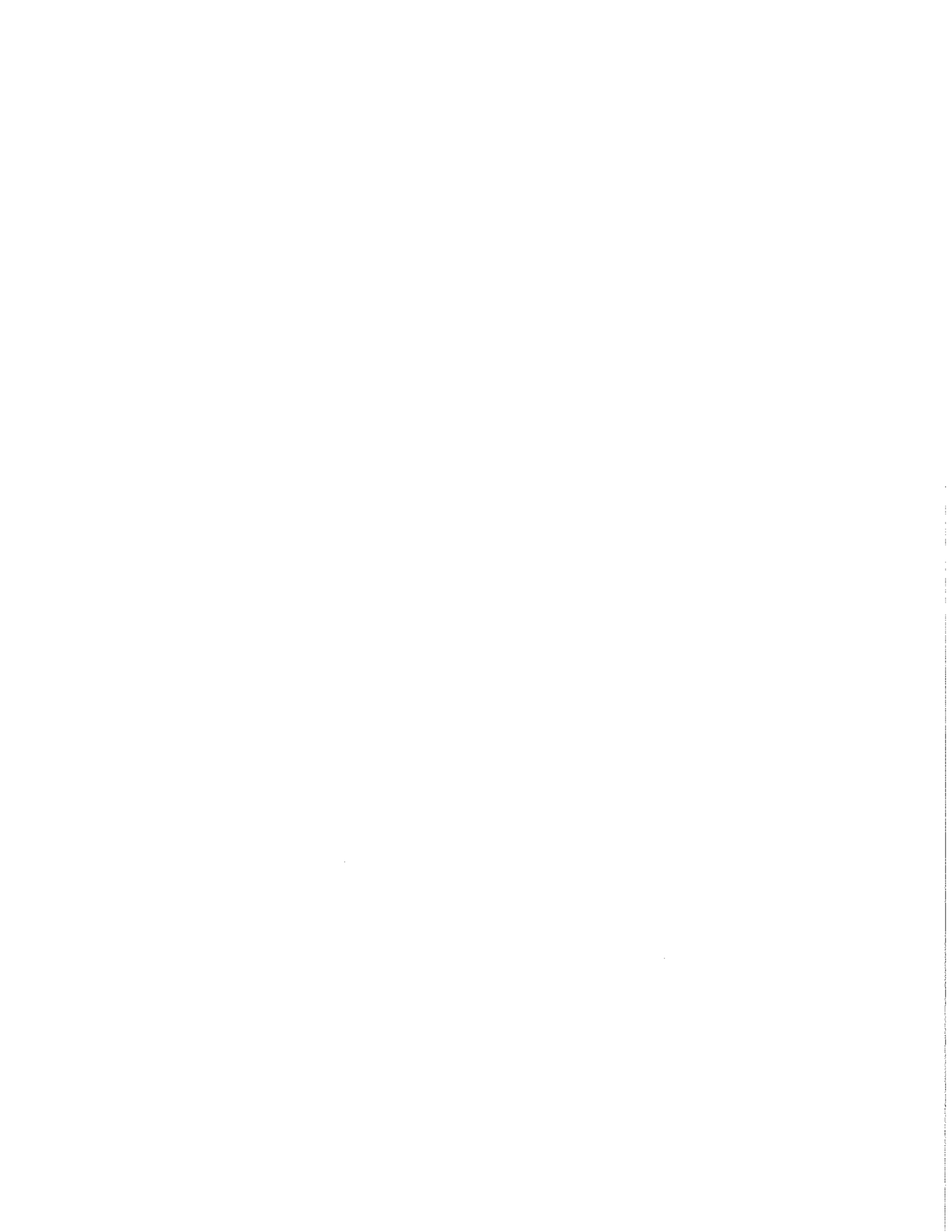
Si



Loren Klassen
Service & Delivery Operations Manager
Traffic Safety and Security Division
3M Center
Building 225-4N-14
St. Paul, MN 55144-1000
651-733-5711
loren.klassen@mmm.com

CC: Mr. Joe Giliberto, DAS/Procurement Services State of Connecticut

Enclosure



CIVLS - 48490
 (Connecticut Integrated Vehicle Licensing System)
 JAD (Joint Application Development)
 CCF (Change Control Form)

Change Request #: 46980 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement _____ Requirement Change _____ Design Change _____ Other _____

COMPLETION PRIORITY: HIGH (one week) _____ Medium (2-3 weeks) _____ Low (4-5 weeks) _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

1) When a change is made to a customer residency record (via the console and eventually via the web) want the domicile addresses on related registrations to be automatically overwritten with the new information. Detailed requirements on which customers, their relationship to registrations, etc. needs to be defined.

2) Changes in registration transactions to support Title Only and non-CT addresses for Title Only along with changes in behavior within the transactions in terms of defaults, changes, etc. Detailed requirements need to be defined.

Effort/Cost

ID - Title	Hours	Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
46980 - R2 - CM - Domiciled Address Analysis	2790	620	1085	1085	2790
	Dollars	\$68,191	\$119,335	\$119,335	\$306,861

306,860

Why do we need the change?

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: *with com* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 46985 - R2 - CM

Module: R2-MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

Client has requested the need for additional ATMM products that would be used in Misc Transactions and the change of the Reference Key value for a GL Account. The new products would be used in the fiscal back office reconcile process. The updated GL configuration would be needed because of reporting.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
46985 - R2 - CM - Additional Fiscal Group Misc Transaction Products and GL Configuration Analysis	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

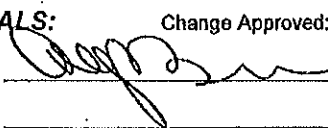
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____ Date: 4/17/14

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

- CIVLS** Connecticut Integrated Vehicle Licensing System
- JAD** Joint Application Development
- COTS** Commercial Off The Shelf
- MOTS** Modified Off The Shelf
- Stakeholder** Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 46988² - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

Baseline DLRS the examiner is not able to update the fee. A fee should be added as a negative value to reduce the amount charged. The following products are configured in the system but will need to have the CD source system added to the product configuration:

- * Driving School Commercial Late Fee
- * Driving Inst Master - Late Fee
- * Driving Inst Commercial - Late Fee
- * Marine Plate late Fee
- * Transporter Plate Late Fee
- * Dealer License Late Fee
- * Dealer Replacement Plate Fee

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
46988 - R2 - CM - Payment Manager Add Charge Product Configuration Update Analysis	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: __/__/__ Assigned To: _____ Date Assigned: __/__/__

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	__/__/__	_____
System Design Specification	_____	_____	__/__/__	_____
Training Plan	_____	_____	__/__/__	_____
User System Reference Manual	_____	_____	__/__/__	_____
System Maintenance Manual	_____	_____	__/__/__	_____
Other (Specify)	_____	_____	__/__/__	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____

Date: 4/17/14

2. Signature _____

Date: __/__/__

3. Signature _____

Date: __/__/__

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 47000 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?
 Change that all vehicles types to all Fire Apparatus as a usage.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
47000 - R2 - CM - Unable to use Fire Apparatus on all vehicle types Analysis	Hours	108	190	190	488 487.65
	Dollars	\$11,920	\$20,859	\$20,859	\$53,638

53,641.50

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: *with [signature]* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature: [Signature] Date: ___/___/___

2. Signature: _____ Date: ___/___/___

3. Signature: _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 47003 - R2 - CM - SI

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

In a Title and Registration transaction, when a Security Interest customer type is added to the list of Related Customers, the system shall default the Recorded Date field to blank. The standard required field validation shall trigger if this field is left blank.

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
47003 - R2 - CM - SI - should not default Date (Specific to T&R Transaction only) 2013.03.13 007 Analysis	Hours	20.2	35.3	35.3	90.8
	Dollars	\$2,218	\$3,881	\$3,881	\$10,000

9,988

Why do we need the change?

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: *with copy* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 47329 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Add additional fields to the Vehicle History and Vehicle Inquiry Report based on new fields added in later design.
 Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
47329 - R2 - CM - Vehicle History and Vehicle Inquiry Report Analysis	Hours	78.1	136.7	136.7	-852 351.50
	Dollars	\$8,593	\$15,038	\$15,038	\$38,669

38,665

Who needs to be involved in the change?
 Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)
 Have all Stakeholders approved of the change and will review the Change output?
Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: with corrections Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature [Signature] Date: ___/___/___
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

- CIVLS** Connecticut Integrated Vehicle Licensing System
- JAD** Joint Application Development
- COTS** Commercial Off The Shelf
- MOTS** Modified Off The Shelf
- Stakeholder** Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 47987 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Change to the IDS documents because IRP vehicles do not need to be titled in all cases.
 Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
47987 - R2 - CM - IRP Analysis	Hours	420	690	690	1800
	Dollars	\$46,200	\$75,900	\$75,900	\$198,000

Who needs to be involved in the change?

The change request received, in order to facilitate law enforcement inquiries, is to include out-of-state vehicles that would not be titled in CIVLS. In order to accomplish this, customer data and pseudo-title information would need to be created in order to establish ownership records to which we could attach the registration data.

This approach would create potential problems for many reasons. Data entered would be incomplete and need to bypass established system edits. Duplicate data will be instantiated over time as there would be no unique identifier used to create the customer(s) for a registration. Ownership information and vehicle data would be incomplete. Every component of the system architecture would need to be examined in order to identify areas of potential failure in the interaction of modules. Additionally, any changes made to the IRP VISTA system would require that all of these areas be modified and the regression testing would be considerable.

A recommended approach is to discontinue the IRP registration process used currently for in-state vehicles and to create a separate table of IRP data to be accessed by the COLLECT interface. In addition an inquiry (report written by CT) would need to be created that would access this table and display the associated information to a CIVLS user, most likely based on a Plate Number or VIN key.

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ____/____/____ Assigned To: _____ Date Assigned: ____/____/____

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	____/____/____	_____
System Design Specification	_____	_____	____/____/____	_____
Training Plan	_____	_____	____/____/____	_____
User System Reference Manual	_____	_____	____/____/____	_____
System Maintenance Manual	_____	_____	____/____/____	_____
Other (Specify)	_____	_____	____/____/____	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ____/____/____

2. Signature _____ Date: ____/____/____

3. Signature _____ Date: ____/____/____

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48259 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____

Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM in CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. *Be specific.*)
 What is the change?
 Re-design of free form character fields is the main focus for this change. All field changes and adjustments have been attached to this user story.
 Why do we need the change?
Title: Suspense Letter

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48259 - R2 - CM - Title Suspense Letter (Re-Work) Analysis - 3M will Absorb	Hours	0.0	0.0	0.0	0
	Dollars	\$	\$	\$	

State and 3M had previously agreed that State would not be billed and this would take the place of requirement 8.3.2.2.

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No _____

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required?

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48335 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

The change is to merely program for current year plus 4 years. For example, model year 2010 would no longer be exempt as of January 2014.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48335 - R2 - CM - Emissions Analysis	Hours	20.2	35.3	35.3	90.8
	Dollars	\$2,218	\$3,881	\$3,881	\$9,980

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, Include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature: _____ Date: ___/___/___

2. Signature: _____ Date: ___/___/___

3. Signature: _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48363 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

This is the original business rule: The system shall list as a required document, "Fee Adjustment Document" on the Documents tab whenever an adjustment is added within the Fee Detail tab of a registration transaction.

New Business Rule: If fee is a system driven adjustment then the system should automatically recognize this and not require any scanned documents

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48363 - R2 - CM - Remove Required Document Validation for System-Assigned Fee Adjustments Analysis	Hours	83.2	145.5	145.5	374.2
	Dollars	\$9,148	\$16,008	\$16,008	\$41,164

41,162

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include Impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved:

Change Not Approved:

Hold (Future Enhancement):

1. Signature [Signature] _____

Date: ___/___/___

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48364 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?
 Some special order plates are charged a Commemorative Plate Fee instead of a Plate Safety Fee and Update Plate Fee. This affects several areas within the database structure, code within OSP functionality, and configuration for the new fee. This could impact areas already implemented and customized for CI.
Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48364 - R2 - CM - Some Special Order Plates Require a Different Commemorative Fee Analysis	Hours	168.8	295.5	295.5	760 759.8
	Dollars	\$18,672	\$32,502	\$32,502	\$83,576 83,578

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, Impact on other entities, Impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

- 1. Signature MM [Signature] Date: 04/21/14
- 2. Signature _____ Date: ___/___/___
- 3. Signature _____ Date: ___/___/___

Operational Definitions :

- CIVLS Connecticut Integrated Vehicle Licensing System
- JAD Joint Application Development
- COTS Commercial Off The Shelf
- MOTS Modified Off The Shelf
- Stakeholder Any individual, group, or customer that is affected by or would care about the change.

change necessary to conform to state statutes + regulations. [Signature] MM

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48365 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

Some special order plates are exempt from the Plate Safety Fee and Update Plate Fee. This may affect several areas within the database structure, code within OSP functionality, and configuration for the new fee. This could impact areas already implemented and customized for CT.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
48365 - R2 - CM - Some Special Order Plates Are Exempt from the Special Plate Fees 2013.03.04 005 - Madelon D Analysis	Hours	118.4	207.3	207.3	533
	Dollars	\$13,028	\$22,800	\$22,800	\$58,628

458,630

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature MM [Signature] Date: 04/27/14
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

Necessary to conform to STATE STATUTES + Regulations
[Signature] MM

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48366 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

The base plate fees in the fee matrix were used for configuration. These were not reviewed in detail by CT in 2011. Based on the changes required for CR48365 and CR48364 plus some inaccurate information in the matrix, some of the Base Plate Fees need adjustment.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48366 - R2 - CM - The Base Plate Fee Configuration for many plates is not correct. Analysis	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

- Signature mm [Signature] Date: 04/21/14
- Signature _____ Date: ___/___/___
- Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

no fee charge

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48367 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?

Because of the changes involved with CR 48365 and CR 48364 plus some outlier plate fee rules, manual fee adjustments may be needed with additional Fee Adjustment configuration options.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48367 - R2 - CM - Order Special Plate - Fee Adjustment Configurations Analysis	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature mm [Signature] Date 04/21/14
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

NO Cust changes RL

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48368 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

The splitting to general ledger accounts for special plate fees in ATMM based on priority needs to be changed. This is configuration but there appear to be some implications which significantly increase the risk of making these changes.

This includes a couple of additional ATMM configuration changes and additions based on the Plate Fee analysis.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48368 - R2 - CM - ATMM Product Distribution Priority Changes for Plate Fees Analysis	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature mm [Signature] Date 03/21/14
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

- CIVLS** Connecticut Integrated Vehicle Licensing System
- JAD** Joint Application Development
- COTS** Commercial Off The Shelf
- MOTS** Modified Off The Shelf
- Stakeholder** Any individual, group, or customer that is affected by or would care about the change.

NO fee change

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48370 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

This change is to expose this field on the entry screen in the Send Correspondence to allow the user to enter a manual value and store it in the system so the correspondence can be search for with the Subject field. For example, since Vehicle search is not available this would enable the user to put a VIN in the subject field and thus make it searchable by vehicle. The templates themselves do not need to be modified to display this subject field.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
48370 - R2 - CM - Enable entry of Subject field for all correspondence in Manage Correspondence to allow storage and searching Analysis	Hours	373.0	652.7	652.7	1678.4
	Dollars	\$41,026	\$71,795	\$71,795	\$184,616

184,624

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? ____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

with corr
Change Approved

Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____

Date: ___/___/___

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48371-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ Email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 1) Display the Permit # on Update, Terminate, and Renew permit transaction screens
 2) Enable the Print Local option in Finalize Transaction for Issue, Update, and Renew permits to allow one-off printing of flashing light permits. Instead of requiring them to always go to batch print
 3) Add an On-Demand Renewal Invitation for Flashing Lights
 4) Permit Report (recommend CT write and 3M show how to add reports to menu options in the console)
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours / Cost
48371 - R2 - CM - Flashing Light Permit Functionality Changes	Hours	24.0	42.0	42.0	108
	Dollars	\$2,640.00	\$4,620.00	\$4,620.00	\$11,880.00

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? ____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

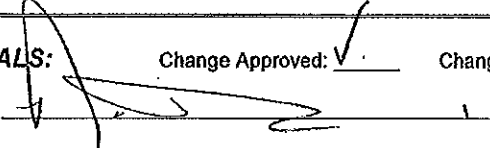
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48378 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

The file naming convention is the same as it is for all of the other files and includes the date and time that the file was created. The vendor for this particular file says that their system cannot accommodate the time portion in the file name. Therefore they want the file name changed from MOVRS:EDBMSRegistrationExtract.DATA_YYYYMMDDHHMMSS.txt to MOVRS:EDBMSRegistrationExtract.DATA_YYYYMMDD.txt

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48378 - R2 - CM - Vendor wants file naming convention changed (EDBMS - Send Reg Records) Analysis	Hours	20.2	35.3	35.3	90.8
	Dollars	\$2,210	\$3,881	\$3,881	\$9,972

9,988

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: with cor. 11/11/01 Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature [Signature] Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48381 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 BRULE: System shall add the "Emissions Compliance" exception to the vehicle record when an "Emission Late Fine" has been assessed to the customer record.
 CT does not need the "Emissions Compliance" exception to be added by the "Emissions Late Fine" batch job. CT does not want the over-head caused by examiners having to end date this exception. CT is confident the late fine and real time emissions call is sufficient to regulate emissions compliance.
 Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48381 - R2 - CM - Emissions Exception Not Needed Analysis	Hours	47.9	83.8	83.8	215.5
	Dollars	\$5,267	\$9,217	\$9,217	\$23,701

\$23,705

Who needs to be involved in the change?
 Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)
 Have all Stakeholders approved of the change and will review the Change output?
Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature [Signature] Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48488 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM in CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

I expect to have the ability to issue a "Temporary Registration Permit" to a vehicle with the vehicle type "Motorhome". We need this functionality in order to issue motorhomes/campers temp permits for customers to get VIN checks and Emissions tests.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours - CPEs
48488 - R2 - CM - Unable to Issue Temporary Registration Permit Analysis	Hours	226.8	396.9	396.9	1021 1020.6
	Dollars	\$24,948	\$43,659	\$43,659	\$112,266

112,266

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: *with com* Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48491 - R2 - Replacement Title

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM in CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?

In a Replace Title transaction, when the title snapshot record is saved for the new title, the system shall update the Previous Title Number field in the snapshot with the value from the actual previously issued title and not simply roll the existing field value forward.

Effort/Cost

ID - Title	Hours	Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48491 - R2 - Replacement Title - Title Number on Title Snapshot does not change Analysis -	202.9	115.9	202.9	202.9	521.7
	Dollars	\$12,751	\$22,315	\$22,315	\$57,381

These hours/cost reflect an agreement to split the cost 50/50 with State.

Why do we need the change?

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: *with Larry* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48567 - R2 - CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

A. IDS 019-020 Credit Card Interface Design Spec.doc - signed off with caveats:

"DMV requires the functionality for credit card payments to override the requirement of a signature. This is needed for the processing of Card Not Present (telephone) transactions. Authority to override must be controlled by role security.

a). DMV is also beginning a pilot program to accept credit cards using a web interface to Global Payments (Global Virtual Terminal). Thought must be given as to how to integrate this functionality with CIVLS."

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48567 - R2 - CM - Payment Card Changes II Analysis	Hours	269.6	471.9	471.9	1213.4
	Dollars	\$29,860	\$51,906	\$51,906	\$133,672

\$ 133,474

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? ____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

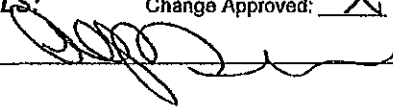
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____

Date: 4/17/14

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48585 - R2

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week) _____ Medium (2-3 weeks) _____ Low (4-5 weeks) _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Under the comments field (which shows up under "remarks" on the actual form) need to have more characters.
 Suggestion - 500.
 Template specifications state 200 characters. The title unit has identified this as a risk for their business for longer explanations.
 Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48585 - R2 - Comments field needs additional characters Analysis To 500	Hours	42.8	75.0	75.0	199 192.8
	Dollars	\$4,712	\$8,247	\$8,247	\$21,206

21,208

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

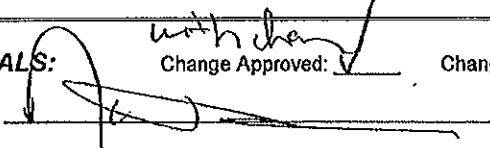
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 48681

Module: R2

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?

Set Plate Disposition Default in Terminate Registration Based on Value Selected in Action for Termination Field Analysis

Effort/Cost

ID - Title	Hours	Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
48681 - R2 - Set Plate Disposition Default in Terminate Registration Based on Value Selected in Action for Termination Field Analysis	141.1	80.6	141.1	141.1	362.8
	Dollars	\$8,870	\$15,523	\$15,523	\$39,916

39,908

Why do we need the change?

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

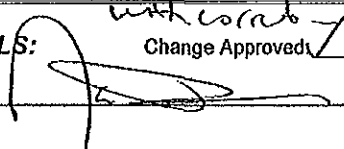
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature:  _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 49004-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Provide DE for EDBMS web service call incase EDBMS web service is down. This is outside of 3M's control.

Why do we need the change?

Effort/Cost:

ID + Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours/Weeks
49004 -R2 - CM - Emissions - Unable to over-ride emissions stop	Hours	10.1	17.6	17.6	45.3
	Dollars	\$1,100	\$1,940	\$1,940	\$4,980

4999 4983

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: *with com* Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 49043-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

Per Email from Peter Leibovitz, Ted and Peter have communicated these changes need to be done prior to go live.

The attached file contains configuration changes (fee changes) due to legislative requirements in Public Act 13-271.
<http://www.cga.ct.gov/2013/act/par/2013PA-00271-R00HB-06033-PA.htm>

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Effort & Cost
49043 - R2 - ATMM Product Configuration Changes - Public Act 13-271	Hours	0.0	0.0	0.0	0
	Dollar \$	\$0.00	\$0.00	\$0.00	\$0.00

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks? _____

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____

Date: 4/17/14

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 49044-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Per Peter Leibovitz these changes need to be for go live.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
49044 - R2 - Changes to Sales tax due to Public Act 13-184	Hours	0.0	0.0	0.0	0
	Dollars	\$0.00	\$0.00	\$0.00	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change – the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

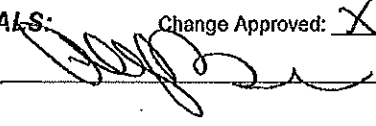
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: Hold (Future Enhancement):

1. Signature  _____ Date: 4/17/14

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 50157-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software _____ Firmware _____ Hardware _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Correspondence: "Duplicate Title letter", defect.
 Whoever (customer) is requesting the duplicate title letter, their name gets populated as the vehicle owner. We are requesting that the vehicle owner field remain as a free form, not pull from the customer record or the vehicle record.
 MM: The system is not pulling from the ownership record and the template specifications need refinement to alleviate any confusion.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
50157 - R2 - CM - Duplicate Title Letter - Vehicle Owner Field Upper Left	Hours	10.1	17.6	17.6	45.5 45.3
	Dollar \$	\$1,108.80	\$1,940.40	\$1,940.20	\$4,989.40

Who needs to be involved in the change? 4983

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER: _____

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: *with com + Jaded reports* Change Not Approved: Hold (Future Enhancement):

1. Signature _____

Date: ___/___/___

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #:50290-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM in CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

When a lien holder is added to a Title with Add/Release SI, the Recorded Date should default to blank.

When a lien holder is recorded through SI Application, the Recorded Date should default to blank.

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
50290 - R2 - CM - SI - should not default Date (Specific to Add/Release SI and SI Application)	Hours	10.1	17.6	17.6	45.3
	Dollars	\$1,108.80	\$1,940.40	\$1,940.40	\$4,989.60

4983

Who needs to be involved in the change?

Who is Impacted/benefits from the change – the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: *with corrections* Change Not Approved: Hold (Future Enhancement):

1. Signature _____ Date: ___/___/___
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 51455-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 In Issue Boat Registration, the business rule for 60-day registration periods was not written properly and thus the system is not setting the correct registration period.

The intent of this rule was to allow older boats and sailboats to get full registrations, even if they have weird HINs and the VIN Origin is 'Unknown' or 'State Assigned'.
 Newer boats that aren't sailboats should get 60 days if they have either of these values.
 As it stands, the user must give it a VIN Origin value that is not valid to get a full registration for an older boat or a sailboat.

The rule should have said both 1973 or newer and not a sailboat, to enforce the 60 day rule.
 The business rule needs to be re-written and the code will need to be changed to allow older boats and sail boats to get the full registration.

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
51455 - R2 - CM - 60 Day Reg Requirement for Boats Not Correct	Hours	22.7	39.7	39.7	102.1
	Dollars	\$2,494.80	\$4,365.90	\$4,365.90	\$11,226.60

11,231

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No _____

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ____/____/____ Assigned To: _____ Date Assigned: ____/____/____

Type of Software/Hardware/etc. Affected _____

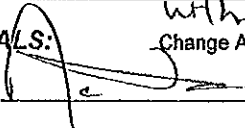
Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	____/____/____	_____
System Design Specification	_____	_____	____/____/____	_____
Training Plan	_____	_____	____/____/____	_____
User System Reference Manual	_____	_____	____/____/____	_____
System Maintenance Manual	_____	_____	____/____/____	_____
Other (Specify)	_____	_____	____/____/____	_____

APPROVALS:

with connectivity / core
Change Approved:

Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____
2. Signature _____
3. Signature _____

Date: ____/____/____
Date: ____/____/____
Date: ____/____/____

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 51907-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?
 In order for Equity Transfer and Reg Refund to work properly as well as to print the Registration Fee on the registration credentials, this Fee is stored in the system. During normal processing the system manages this value; it was also included for converted registrations. This feature was added as custom functionality for CT.
 However, the Recreate functions are baseline and does not allow for entry or storage of the Registration Fee, which means these 3 areas won't work properly for registrations setup with Recreate. Recreate will be heavily used after go-live to handle pending title, missed conversions, and CARA jobs in motion.
 This change request is to modify the Recreate Title and Recreate Registration functions to allow the user to enter a Registration Fee amount and to have the system store that fee in the database so it can be used for equity, refunds, and credential printing.

Why do we need the change?

Effort/Cost:

ID Title	Program Control	Technical & Business Analysis	Dev & Test	Integrations & Govt	
51907 - R2 - CM - Modify the Recreate functions to Allow Entry and Storage of the Registration Fee Used for Equity Transfer	Hours	40.3	70.6	70.6	181.5
	Dollar \$	4,435.20	7,761.60	7,761.60	19,965

and correct expiration date

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? _____

Resources Required? _____

Risks? _____

Critical Path in the Schedule? _____

Other comments or concerns? _____

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ____/____/____ Assigned To: _____ Date Assigned: ____/____/____

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	<u>Section #</u>	<u>Page #</u>	<u>Date Completed</u>	<u>Initial</u>
Requirements Specification	_____	_____	____/____/____	_____
System Design Specification	_____	_____	____/____/____	_____
Training Plan	_____	_____	____/____/____	_____
User System Reference Manual	_____	_____	____/____/____	_____
System Maintenance Manual	_____	_____	____/____/____	_____
Other (Specify)	_____	_____	____/____/____	_____

APPROVALS: Change Approved: ^{with comment} Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ____/____/____

2. Signature _____ Date: ____/____/____

3. Signature _____ Date: ____/____/____

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS

(Connecticut Integrated Vehicle Licensing System)

JAD (Joint Application Development)

CCF (Change Control Form)

Change Request #: 51911-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

Background

Business rules incorrectly identified that for Equally Transfer or plate fee exemption for a plate transfer, the user should select 'Related Family' from the list of options in the Ownership Transfer Reason field. Also, previous rule defined Plate Owner, which is also important for validations in plate transfers and fee exemptions as Owner#1, always.

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
51911 - R2 - CM - Related Family Selection and Validations Using Wrong Field and Needs to be Changed	Hours	37.8	66.2	66.2	170.1
	Dollars	\$4,158.00	\$7,276.50	\$7,276.50	\$18,711.00

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list Key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER: _____

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required? _____

Risk?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: *with comments by* Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature *[Signature]* Date: ___/___/___
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
 (Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 52175-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 The fee pro-ration for Taxi, Livery, and Interstate Livery are charging only 1 half the full registration fee when the start date is between October 1 and the end of February. However, this fee should actually be 3/4 of the full amount.
 a) Full 2 years = \$266
 b) Less than 2 years = \$199.50 (\$66.50 to cover 1/2 of 1st year + \$133 to cover 2nd year = \$199.50)
 The logic is similar to what was setup for the 'Service Bus' usage.
 Manual Workaround?: Yes, the fee could be manually adjusted to add the missing 1/4 during the pro-rate period (currently charging only 1/2). If go-live is between Mar 1 and Sept 30, pro-rate will not be an issue.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
52175 - R2 - CM - ProRated Fees for Taxi, Livery, and Interstate Livery Not Correct	Hours	17.6	30.9	30.9	79.35
	Dollar \$	\$1,940.40	\$3,995.70	\$3,395.70	\$8,728.50

Who needs to be involved in the change?
 Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)
 Have all Stakeholders approved of the change and will review the Change output?
Attachments: Yes/No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path In the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved: *with comment* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 52248-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week) _____ Medium (2-3 weeks) _____ Low (4-5 weeks) _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Connecticut would like to increase the scope of the fictitious logging capabilities.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
52248 - R2 - CM - Fictitious Search Results Logging in Console	Hours	655.2	1146.6	1146.6	2948.4
	Dollars	\$72,072.00	\$126,126.00	\$126,126.00	\$324,324.00

Who needs to be involved in the change?
 Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)
 Have all Stakeholders approved of the change and will review the Change output?
Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECKNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: _____ Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___
2. Signature _____ Date: ___/___/___
3. Signature  Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 52375-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Client has found additional products that need to be configured. The products were found after the last configuration updates were submitted.
 The following products need to be configured.

IRP Trip Permit - Misc Transaction, mapped to IRP Location
 35210, 12001, 42590, 18010, 17, 14-34A-2

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
52375 - R2 - CM - Additional Fiscal Group Misc Transaction Products and GL Configuration Part 2	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? ____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

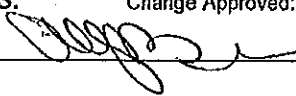
Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: Hold (Future Enhancement):

1. Signature  Date: 4/17/14

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

0CIVLS

(Connecticut Integrated Vehicle Licensing System)

JAD (Joint Application Development)

CCF (Change Control Form)

Change Request #: 52695-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?

BR-51316:

This business rule indicates the Interstate Commerce checkbox needs to be enabled when the usage is "Commercial"

These transactions need to be modified to expand the set of usage options that enable this checkbox (5 additional). The vehicle type may need to be taken into consideration for at least one of these additional usage options.

* Issue T&R

* Issue Reg Only

* Renew Reg (console only)

* Update Reg

The value of this checkbox is used for the validation and calculation of Commercial insurance. It doesn't print anywhere.

There is a work around on this because the user can manually check that the correct commercial insurance exists.

Why do we need the change?

Effort/Cost

ID - Title		Program Control	Technical & Business Analysis	Dev. & Test	Total Hours & Cost
52695 - R2 - CM - Interstate Commerce Checkbox Needs to be Enabled for Additional Usages	Hours	17.6	30.9	30.9	79.4
	Dollars	\$1,940.40	\$3,395.70	\$3,395.70	\$8,728.50

8,728.50

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes/No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ___/___/___ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (If yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ___

Resources Required? _____

Risks? _____

Critical Path In the Schedule? _____

Other comments or concerns? _____

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS:

Change Approved _____ Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____

Date: ___/___/___

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 52744-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 The request from Connecticut is to exclude records in the extract that have an CreatedBy or UpdatedBy value of 'RELEASE1'.
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
52744 - R2 - CM - Merge Customer exclude Release1 records	Hours	0.0	0.0	0.0	0
	Dollar \$	\$0.00	\$0.00	\$0.00	\$0

Who needs to be involved in the change?

Who is impacted/benefits from the change -- the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required?

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: Hold (Future Enhancement):

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 53234-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ Email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?
 The fee analysis with the testers (Kelly O) last year indicated that \$530 was correct for Non-Profit for 17+ seats but GT has since determined that the value should have been \$533 for the full 2 years.
 This will require configuration changes and will impact both the full fee and pro-rate calculation/results.

See linked bugs 41623 and 41622

Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
53234 - R2 - CM - Service Bus Fee for 17+ Seats Needs to be changed from \$530 to \$533	Hours	20.2	35.3	35.3	90.75
	Dollars	\$2,217.60	\$3,880.80	\$3,880.80	\$10,000.00

9,782.50

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER: _____

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? __

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___

2. Signature _____ Date: ___/___/___

3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 53694-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)
 What is the change?
 Through testing and analysis Peter and Ted have discovered three more products that need to be configured for R2. These would be considered R3 Fees in R2 and were not part of the original list of products in the signed off matrix.

Nondr Id: BLIND VET
 Nondr Id: 6 Month Extension
 OP License 6 Month Extension
 Why do we need the change?

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
53694 - R2 - CM - Additional R3 Fees in R2 Products and GL Configuration	Hours	0	0	0	0
	Dollars	\$0	\$0	\$0	\$0

Who needs to be involved in the change?
 Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)
 Have all Stakeholders approved of the change and will review the Change output?
Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____ / ____ / ____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? _____

Resources Required? _____

Risks? _____

Critical Path in the Schedule? _____

Other comments or concerns? _____

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature  _____

Date: 4/17/14

2. Signature _____

Date: ___/___/___

3. Signature _____

Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.

CIVLS
(Connecticut Integrated Vehicle Licensing System)
JAD (Joint Application Development)
CCF (Change Control Form)

Change Request #: 53853-R2-CM

Module: R2 MOVRS

CHANGE REQUEST INITIATION: Originator: _____ Phone#: _____ email: _____
 Date Submitted: _____ Product Name: _____ Version Number: _____

CONFIGURATION ITEM In CIVLS: Software: _____ Firmware: _____ Hardware: _____
 Documentation: _____ Other: _____

CHANGE TYPE: New Requirement: _____ Requirement Change: _____ Design Change: _____ Other: _____

COMPLETION PRIORITY: HIGH (one week): _____ Medium (2-3 weeks): _____ Low (4-5 weeks): _____

CHANGE DESCRIPTION: (Detail functional and/or technical information. Use attachment if necessary. Be specific.)

What is the change?
 In reviewing the behavior and specifications for the Required Documents Checklist, determined that this needs to be changed to be associated to the selected Renewal Customer on the registration transaction.

- 1) Requirements were vague and not properly defined by the BA
- 2) The switch at a later date to Renewal Customer being the primary customer displayed on registration documents did not take this one into account.

Why do we need the change? *BA terms need to meet on this for clarity.*

Effort/Cost:

ID - Title		Program Control	Technical & Business Analysis	Dev & Test	Total Hours & Cost
53853 - R2 - CM - Required Documents Checklist - Needs to Be Associated to Renewal Customer	Hours	20.2	35.3	35.3	90.75
	Dollars	\$2,217.60	\$3,880.80	\$3,880.80	\$10,079.20

9980.5

Who needs to be involved in the change?

Who is impacted/benefits from the change - the Stakeholders? (list key Stakeholders)

Have all Stakeholders approved of the change and will review the Change output?

Attachments: Yes / No

CHANGE OWNER:

WHAT WILL BE DONE: _____

WHEN WILL IT BE DONE BY? (Commitment Date): ____/____/____ (JAD CCF Metric)

Project Impact Analysis Needed: Yes / No (if yes, include impact on budget, resources, schedule, risk etc.)

Budget Impact? ____

Resources Required? _____

Risks?

Critical Path in the Schedule?

Other comments or concerns?

TECHNICAL EVALUATION: (Use attachment to explain changes, impact on other entities, impact on performance etc.)

Received By: _____ Date Received: ___/___/___ Assigned To: _____ Date Assigned: ___/___/___

Type of Software/Hardware/etc. Affected: _____

Modules/Screens/Tables/Files Affected: _____

Documentation Affected:	Section #	Page #	Date Completed	Initial
Requirements Specification	_____	_____	___/___/___	_____
System Design Specification	_____	_____	___/___/___	_____
Training Plan	_____	_____	___/___/___	_____
User System Reference Manual	_____	_____	___/___/___	_____
System Maintenance Manual	_____	_____	___/___/___	_____
Other (Specify)	_____	_____	___/___/___	_____

APPROVALS: Change Approved: *with com* Change Not Approved: _____ Hold (Future Enhancement): _____

1. Signature _____ Date: ___/___/___
2. Signature _____ Date: ___/___/___
3. Signature _____ Date: ___/___/___

Operational Definitions :

CIVLS Connecticut Integrated Vehicle Licensing System

JAD Joint Application Development

COTS Commercial Off The Shelf

MOTS Modified Off The Shelf

Stakeholder Any individual, group, or customer that is affected by or would care about the change.