

State of New Jersey NJOIT EXTRANET CONNECTION FORM

For Extranet connectivity to the Garden State Network, the Sponsoring Agency must provide this completed form to OIT.vpnadmin@tech.nj.gov.

Today's Date:	Requested Implementation Date:			
Department/Agency:				
Name of Project and Purpose of Extranet Connection:				
Contact:		Phone:		
Email Address:		Emergency or Help Desk Phone:		
Requested hours of operation/support:		Maintenance Window:		
Business Entity Name:				
Technical Contact:		Phone:		
Email Address:		Business Help Desk Phone:		
Select Extranet Type				
Business Entity and NJ Office of Information Technology collaborate to establish encrypted link between compatible endpoints:		IPSec VPN tunnel via Internet		
		T		
Business Entity is responsible for the circuit(s), routers, modems. Equipment must meet the State's data center requirements:		Point-to-Point Circuit(s)		
		[=		
Please select one of the supported IPSec configuration options:		IKEv2 and IKEv1 AES1: crypto maps	28 or 256 - legacy	
		IKEv1 Tunnels with AES	S256	
		IKEv2 Tunnels with AES most secure	S256 encryption –	

Additional Information					
Can the Business Entity suppor 1918) for devices communicating	☐ Yes		☐ No		
Will there be redundancy for thi	Yes		☐ No		
If yes, please describe:					
Firewall Requirements					
-	nection or flow to be initiated fro table below.	m the Business Entity	TO the State of NJ the	rough the VPN,	
Source IP Address(es) or Networks	Destination IP Address(e Networks	es) or Prot (TCP, UD	112011	Destination Port(s)	
FLOWS <u>FROM</u> NJ: For EACH VPN, please provide full details	connection or flow to be initiated	d <u>FROM</u> the State of N	IJ to the Business Enti	ty through the	
Source IP Address(es)	Destination IP Address(es)	or Protoco	1		
or Networks	Networks	(TCP, UDP o	IIIDETIN	ation Port(s)	