FLOATBRIDGE NETWORK ACCESS REQUEST FORM

Project data

Please complete this form in full to ensure efficient integration.

The setup should be carried out by an experienced IT professional. This includes consistent assignment of IP addresses, correct VLAN mapping, clear documentation and final testing.

Applicant / Installer	
Client / Department	
Location(s)	
Date of application	

Network segments

Please enter the relevant network segments in this form to ensure proper communication between the devices. For each network, specify the subnet or VLAN as well as the associated gateway.

Area	Subnet / VLAN	Gateway
Source network (Connect-Box)		
Destination network 1 (charging station / meter)		
Destination network 2 (charging station / meter)		

DHCP

DHCP enabled: ☐ Yes ☐ No (Vool boxes only support DHCP; special solution possible). If No, please fill in the IP list. It must be ensured that IP addresses for the Connect-Box as well as the energy meters are exclusively reserved for these devices.

Security approval

Designation	Yes / No	
Firewall adjustment required	☐ Yes	☐ No
Routing adjustment required	☐ Yes	☐ No
Approval by IT security	☐ Yes	☐ No

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