

Louisiana Office of Technology Services Network Services Domain Name Service Request Form (NS-39)

Date _____

Site Information

Name of Organization _____

Address _____

Name of Administrative or Onsite Contact _____ Email _____ Phone _____

Name of Technical Contact _____ Email _____ Phone _____

Request

- New Domain Modify Primary Name Server
 Remove Domain Modify Secondary Name Server

Comments

Server Information

Fully-Qualified Domain Name _____

Primary Domain Name Server Host Name _____

Primary Domain Name Server IP Address _____

Secondary Domain Name Server Host Name _____

Secondary Domain Name Server IP Address _____

If this request concerns an *la.gov* subdomain:

Does your agency intend to use "agency.la.gov" for email? Yes No

Is your agency within the Louisiana Secure Intranet (LSI)? Yes No

If your agency does reside within LSI:

 Do you participate in the LSI Active Directory Forest? Yes No

 Do you participate in or plan to participate in the Statewide Email service? Yes No