

Louisiana Office of Technology Services Domain Name Service Request Form (OTS-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

For assistance in completing the form, contact dnsrequests@la.gov

Use Acrobat Reader to open and complete the form. If you can access the [OTS Customer Self-Service Ticketing Portal](#), you may submit this form by attaching it to a general incident. Refer to [Ivanti Self-Service Instructions](#). If the portal is unavailable, email the completed form to otssupport@la.gov, attention DCO Directory Services.