

Instructions for Domain Name Service Request Form (OTM-39) (07/14)

Date: Date the form is submitted.

Site Information

Name of Organization: Agency requesting the service.

Address: Organization's physical address.

Name of Administrative or Onsite Contact: Administrative or onsite contact.

Contact:

Email: Email address of the administrative or onsite contact.

Phone: Telephone number of the administrative or onsite contact..

Name of Technical Contact: Agency technical contact person.

Email: Email address of agency technical contact person.

Phone: Telephone number of agency technical contact person.

Request: Indicate the type of request.

Comments Any special comments or remarks pertaining to this order.

Server Information

Fully Qualified Domain Name: Fully qualified domain name.

Primary Domain Name Server IP Address: Primary domain name server IP address.

Primary Domain Name Server Host Name: Primary domain name server host name.

Secondary Domain Name Server IP Address: Secondary domain name server IP address.

Secondary Domain Name Server Host Name: Secondary domain name server host name.

If This Request Concerns an la.gov Subdomain: Complete for la.gov subdomains only. Mark yes or no.

Email a copy of the completed form to otm-lsi-security@listserv.doa.la.gov. For assistance in completing the form, contact Enhanced Network Services at 225-219-4860.