



VERISIGN®

ZONE FILE ACCESS REQUEST FORM

Please complete sections 1 through 5 and e-mail completed form to tldzone@verisign-grs.com.

1. General Information - Please complete all requested information

Company Name (If Applicable)	
Contact Person	
Street Address	
City	
State / Province	
Postal Code	
Country	
Telephone Number (Include Country Code)	
E-mail Address	
Date Access Request Submitted	

2. Zone Files Requested - Please check all zone files for which you are requesting access

<input type="checkbox"/> .COM	<input type="checkbox"/> .NAME
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3. Technical Information - Please provide the specific internal host machine which will be used to access VNDS' server to transfer copies of the data

Name	
IP Address	

4. Intended Use - Please describe how you intend to use the zone file data should access be approved

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5. Legal Information - Please provide information relating to the individual authorized to execute the Zone File Access Agreement

Name	
Title	

6. INTERNAL VERISIGN USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected	Verisign Representative	Date
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