

Registrar Data Form – Instructions

Please complete using word processing software; then submit completed, typed form.

Registrar Information

- **Phone/Fax Numbers:** Please make sure that phone and fax numbers include the country and area codes.
- **E-mail Address (Normal notifications):** Please provide an e-mail address where regular notifications will be sent.
- **E-mail Address (Low credit notifications):** Please provide an e-mail address where low-credit notifications will be sent. As a low-credit balance may affect your ability to register domains, please make sure the address provided is actively monitored.
- **E-mail Address (Urgent notifications):** Please provide an e-mail address where urgent notifications from the Registry will be sent. This should typically go to an e-mail pager or to a mailbox that is monitored 24 hours per day.
- **E-mail Address (Domain name transfers):** Please provide an e-mail address where notifications for domain name transfers will be sent.
- **Registrar Web Server URL:** Please provide the URL of your primary business Web server. This URL will be used for all referrals from the Registry to your company.

Registrar Client Subnets

In order to access the production Shared Registry System (SRS), the registrar must inform the registry of the IP subnets from which the registrar's servers will access the SRS. This requirement is a security pre-caution to restrict access to the SRS. IP subnets submitted must be unique due to the Registry's system configuration requirements. Registrars wishing to share IP subnets must complete the Registrar Proxy Form.

Note: If a registrar chooses to share IP subnets without a proxy notification to the Registry, the "unauthorized" proxy registrar will not be allocated additional connections. As such, the proxy registrar's existing number of connections will be shared by all registrars utilizing the same IP subnets, and the Registry will not be aware of impacts that could result from IP changes.

Each registrar may specify:

- A maximum of 3 IP subnets
- A maximum of 96 hosts between the three IP subnets
 - The ranges must be written in CIDR format (e.g. 192.168.1.0/27 where the "/27" represents the length of the subnet). We cannot accept any ranges below a /26 range (i.e. /25, /24, etc). CIDR format dictates the number of hosts within each range. The ranges are as follows:
 - /26 = 64 hosts
 - /27 = 32 hosts
 - /28 = 16 hosts
 - /29 = 8 hosts
 - /30 = 4 hosts
 - /31 = 2 hosts
 - /32 = 1 host
 - Examples of valid subnets include:
 - One subnet of 64 hosts (e.g. 192.168.1.0/26)
 - One subnet of 64 hosts and one subnet of 32 hosts or less (e.g. subnet #1 as 192.168.2.0/26, which represents 64 addresses 192.168.2.0 to 192.168.2.63; and subnet #2 as 192.168.3.0/27, which represents 32 addresses 192.168.3.0 to 192.168.3.31.
 - Three subnets of 32 hosts or less (e.g. subnet #1 as 192.168.2.0/27, which represents 32 addresses 192.168.2.0 to 192.168.2.31; subnet #2 as 192.168.3.0/27, which represents 32 addresses 192.168.3.0 to 192.168.3.31; and subnet #3 as 192.168.4.0/27, which represents 32 addresses 192.168.4.0 to 192.168.4.31)
 - The specified subnets must fall on valid bit boundaries. For example, a subnet specified as 192.168.2.1/27 is not acceptable because ".1" is not a valid boundary for a /27 subnet. The following table defines the valid boundaries for each subnet length.

Length of Subnet	Number of Hosts	Boundaries
/26	64	0, 64, 128, 192
/27	32	0, 32, 64, 96, 128, 160, 192, 224
/28	16	0, 16, 32, 48, 64, 80, 96, 112, 128, 144, 160, 176, 192, 208, 224, 240
/29	8	0, 8, 16, 24, 32, 40, 48, ..., 248 (in increments of 8)
/30	4	0, 4, 8, 12, 16, 20, 24, 28, ..., 252 (in increments of 4)
/31	2	0, 2, 4, 6, 8, 12, 14, 16, 18, ..., 254 (in increments of 2)
/32	1	0 through 255

Contact Information

Please provide a minimum of one Administrative, one Technical, and one Billing contact. If you provide more than one of any type of contact, please list them in the preferred order of contact.

Each contact must provide a Security Pass Phrase. Registry support staff will verify the correct pass phrase for that contact before any actions will be performed.

PIR will operate a general mailing list where the newsletter will be sent. The first Administrative and Technical contacts will be added to this mailing list. If you wish to add other contacts, please place a check in the box for each contact to be added.

PIR will also operate a mailing list where scheduled and un-scheduled outage notifications will be sent. The first Administrative and Technical contacts will be added to this mailing list. If you wish to add other contacts, please place a check in the box for each contact to be added.

Corporate Executive Contacts: Please provide the contact information for your company's Chief Executive Officer, President, and Legal Representative.

Administrative Contacts: Administrative Contacts are the primary representatives of the registrar. They should have the decision-making ability to act on behalf of the registrar on matters related to the registrar's account, as well as business, contractual, legal, billing, credit, requirements, and technical issues.

Technical Contacts: Technical Contacts are the technical, systems and operations representatives of the registrar. They should be responsible for the registrar's operations and have the decision-making ability to act on behalf of the registrar in technical related issues.

Billing Contacts: Billing Contacts are the financial and billing representatives of the registrar. They should have the decision-making ability to act on behalf of the registrar on financial, credit, and billing related matters. The registry will send invoices to the Billing Contacts.

URLs

Please provide the URLs of:

- Your registrar's home page
- Your Registrar-Registrant Agreement
- Your Registrar-Registrant Agreement (second URL, if the .org contract is separate from or appended to the first Registrar-Registrant Agreement)

Time Zones

Please provide us with the best time for registry staff to contact the listed contacts. Please also provide the time difference in hours between your office location and UTC/GMT. When giving us times, please note for us what time zone you are noting ("9:00 am to 5:00 pm Eastern Time").

Languages

Please list the languages for which you are able to provide customer support.

Comments

Please list any special instructions that our staff should be aware of when attempting to contact the listed contacts.

Registrar Data Form

Please complete using word processing software; then submit completed, typed form.

Registrar Information

Registrar Name as Registered with ICANN: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Telephone Number: _____

Mobile Number: _____

Facsimile Number: _____

E-mail Address (Normal notifications): _____

E-mail Address (Low credit notifications): _____

E-mail Address (Urgent notifications): _____

E-mail Address (Domain name transfers): _____

Registrar Home Page URL: http://_____

Registrar-Registrant Agreement: http://_____

Registrar ID assigned by ICANN/IANA (if known): _____

Registrar Client Subnets

Note: Please specify a maximum of 3 subnets with a maximum of 96 hosts

Chief Executive Officer

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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President

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Attorney or Legal Representative

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Administrative Contact #1 (required)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title *Administrative Contact #1 (required)*: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Administrative Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Administrative Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Technical Contact #1 (required, must be available 24 x 7)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Technical Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Technical Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Billing Contact #1 (required)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Billing Contact #2 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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Billing Contact #3 (optional)

First Name: _____ Middle Initial: _____ Last Name: _____

Job Title: _____

Address: _____

City: _____

State/Province: _____

Country: _____ Zip/Postal Code: _____

Telephone Number: _____ Facsimile Number: _____

Mobile/Other Number: _____

E-mail Address: _____

Security Pass Phrase: _____

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