.NAME ZONE FILE ACCESS REQUEST FORM

Please complete sections 1 through 4 and email 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)	
Email Address	
Date Access Request Submitted	

2. 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	

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

4. Legal Information – Please provide information relating to the individual authorized to execute the Zone File Access Agreement	
Name	
Title	

Internal Verisign Use Only
☐ Approved   ☐ Rejected   Verisign Representative   Date