

## CHANGE OF ADMINISTRATIVE CONTACT for .CA Domains

The following document is reviewed in detail by the CANADIAN INTERNET REGISTRATION AUTHORITY. They may **reject this request** for any of the following reasons:

- non legible handwriting
- poor fax quality
- modifications to the information which have not be initialized by the requestor
- incomplete information. Please note initials cannot be used in a person's name, instead a full printed name must be given where ever a name is requested. Also, full address must include a postal code.
- not providing the correct Registrant Name (in the Declaration – Part B 1 or B 2) as shown in the CIRA whois ([www.cira.ca](http://www.cira.ca)) for your domain name
- not providing information regarding the type of photo identification being supplied by the registrant in the Witness Declaration – Part C – you should indicate if a passport, drivers license, health card etc
- deleting any part of the form below

If you are requesting a **change for more than one domain**, a separate request must be made for each unique registrant. For example, if you have two domains johndoe.ca and jdoe.ca with registrant name: “John Doe”, you must also confirm that the registrant number for both domains is the same. Please check the whois at [www.cira.ca](http://www.cira.ca) to ensure that the registrant number (not just the name) is the same for every domain listed in a request.

If you are requesting a **change where the registrant is a not an individual**, you must print this form onto paper than displays your organization's letterhead. If your letterhead information does not exactly match the registrant name (shown in the whois at [www.cira.ca](http://www.cira.ca) ), please provide additional information explaining the discrepancy.

For a large percentage of non-individual requests, **CIRA will also request your company's articles of incorporation** after the initial submission. We strongly recommend that you also provide this information on the initial request submission as it will greatly reduce the length of time required to process your request.

## **SCHEDULE A**

**If the Registrant is not an Individual**, please print this form onto paper that displays your organization's letterhead.

Please note that the Authorized Representative, is deemed by CIRA to be the authoritative agent for the Registrant that holds the domain name registration. This individual may, among other things, vote at CIRA elections and attend CIRA members' meetings. Please ensure that the Authorized Representative that you indicate on this form has the appropriate authority to carry out these functions, both currently and in the foreseeable future.

**For ALL Registrants:** Complete and sign this form and send it to your Registrar *[If you want to, you may insert name of Registrar for the preceding words "your Registrar" in this note]*. Some of the contact details that you enter in the "**Administrative Contact Details**" section of this form, may be displayed to the public (along with any existing technical contact details), in CIRA's web-based WHOIS look-up system.

### **CHANGE OF ADMINISTRATIVE CONTACT REQUEST, DECLARATION, AUTHORIZATION AND DIRECTION FORM**

#### **PART A of Schedule A – FOR ALL REGISTRANTS**

##### **CHANGE OF ADMINISTRATIVE CONTACT REQUEST**

##### **ADMINISTRATIVE CONTACT DETAILS**

You are required to enter information in the following 12 fields. NOTE, if the information has changed, please submit the NEW information and not the old:

1. **First name:**
2. **Last name:**
3. **Preferred language (*En or Fr*):**
4. **Street address:**
5. **City:**
6. **Province:**
7. **Country:**
8. **Postal code:**

**9. Phone:** (\_\_\_)

**10. Other phone (if applicable):** (\_\_\_)

**11. Fax (if applicable):** (\_\_\_)

**12. New email address:**

Enter information for any of the following contact details that you would also like to change/include:

**13. Title** (*Mr, Mrs, Ms, Dr*):

**14. Middle name:**

**15. Company name:**

**16. Job title:**

**17. Cell:** (\_\_\_)

**18. Secondary email:**

**PART B 1 of Schedule A – FOR REGISTRANTS THAT ARE NOT INDIVIDUALS**

**Declaration, Direction, and Authorization for Change of Administrative Contact Request**

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**  
Re: **CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO CIRA'S POLICIES, RULES, AND PROCEDURES**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
*First and last name of the Authorized Representative City/Town/Village etc. Province/Territory/State etc.*

in the country of \_\_\_\_\_ am \_\_\_\_\_  
*Country Your position/title at the organization*

of \_\_\_\_\_ is identified as \_\_\_\_\_  
*Name of organization Registrant name as displayed in the CIRA WHOIS*

in CIRA's WHOIS look-up as the Registrant for \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*The Organization's domain names (if the space is not sufficient, please use a separate piece of paper to list the other domain names)*

**I, AS THE REQUESTER, DO HEREBY:**

- a) CERTIFY THAT the organization first noted above is the Registrant for the domain names listed above and, if applicable, the domain names listed on the attached sheet;
- b) CERTIFY THAT I am authorized by the organization first noted above to submit this request and the organization first noted above is eligible to initiate the request according to CIRA's Policies, Rules, and Procedures;
- c) CERTIFY THAT I am making this request in good faith on behalf of the organization first noted above;
- d) CERTIFY THAT I am making this request in full compliance with CIRA's Policies, Rules, and Procedures;
- e) CERTIFY THAT the photo identification, shown to the witness, in support of the Change of Administrative Contact Request is a true and valid government-issued photo identification;

f) DIRECT AND AUTHORIZE \_\_\_\_\_ *[Insert name of Registrar]* \_\_\_\_\_ and CIRA to make the requested changes as set out above in Part A of this form;

g) CERTIFY THAT all the information set out in this declaration, authorization and direction is a true and accurate statement of the facts contained herein.

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City Day Month*

\_\_\_\_\_  
*Authorized Representative's signature*

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Full contact details of Authorized Representative:

\_\_\_\_\_  
*Street number and name*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province/State, if applicable*

\_\_\_\_\_  
*Country*

\_\_\_\_\_  
*Postal code/Zipcode, if applicable*

\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

**PART B 2 of Schedule A - FOR REGISTRANTS THAT ARE INDIVIDUALS**

**Declaration, Direction and Authorization for Change of Administrative Contact Request**

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**  
Re: **CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO CIRA'S POLICIES, RULES, AND PROCEDURES**

I, \_\_\_\_\_, of \_\_\_\_\_, \_\_\_\_\_  
*First and last name of Registrant City/Town/Village etc. Province/Territory/State etc.*

in the country of \_\_\_\_\_ am identified as \_\_\_\_\_  
*Country Registrant name as displayed in the CIRA WHOIS*

in CIRA's WHOIS look-up as the Registrant for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Your domain names (if the space is not sufficient, please use a separate piece of paper to list the other domain names)*

**I, AS THE REQUESTER, DO HEREBY:**

- a) CERTIFY THAT I am the Registrant for the domain names listed above and, if applicable, the domain names listed on the attached sheet;
- b) CERTIFY THAT I am making this request in full compliance with CIRA's Policies, Rules, and Procedures;
- c) CERTIFY THAT the photo identification, shown to the witness, in support of the Change of Administrative Contact Request is a true and valid government-issued photo identification;
- d) DIRECT AND AUTHORIZE \_\_\_\_\_ *[Insert name of Registrar]* \_\_\_\_\_ and CIRA to make the requested changes as set out above in Part A of this form;
- e) CERTIFY THAT all the information set out in this declaration, authorization, and direction is a true and accurate statement of the facts contained herein.

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City Day Month*

\_\_\_\_\_  
*Requester's signature*

Full contact details of Requester:

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*Street number and name*

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*City*

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*Province/State, if applicable*

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*Country*

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*Postal code/Zipcode, if applicable*

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*Phone number*

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*Email address*

### **PART C of Schedule A**

**NOTE:** The Witness **MUST:**

1. be a citizen of the country that issued the valid government photo identification which is used to verify the Requester's identity
2. be accessible to your Registrar and/or CIRA for verification;
3. have known you personally for at least TWO years and well enough to be confident that the statements you have made in your application form are true;
4. sign the "Witness Declaration for Change of Administrative Contact Request" section on your Change of Administrative Contact Request, Declaration, Authorization, and Direction Form;
5. check a valid government-issued photo identification to verify your identity
6. be included in ONE of the following groups:
  - a. a dentist, medical doctor or chiropractor in good standing;
  - b. a judge, magistrate, police officer (e.g., municipal, provincial or RCMP) in good standing;
  - c. a lawyer (e.g., member of a provincial bar association) in good standing;
  - d. a mayor in good standing;
  - e. a minister of religion authorized by the government to perform marriages and who is in good standing;
  - f. a notary public in good standing;
  - g. an optometrist in good standing;
  - h. a pharmacist in good standing;
  - i. a postmaster in good standing;
  - j. a principal of primary or secondary school in good standing;
  - k. a professional accountant (member of APA, CA, CGA, CMA, PA or RPA) in good standing;
  - l. a professional engineer (e.g., P. Eng., Eng. in Quebec) in good standing;
  - m. a senior administrator in a community college (includes CEGEPs) in good standing;
  - n. a senior administrator or teacher in a university in good standing; and
  - o. a veterinarian in good standing.

Notwithstanding, the above, a notary public in good standing, must not fulfill no. 3 above, but must meet all other requirements. The above-noted list is not an indication by CIRA of a person's professional status or superior qualifications.

**Witness Declaration for Change of Administrative Contact Request**

To: **CANADIAN INTERNET REGISTRATION AUTHORITY**  
Re: **CHANGE OF ADMINISTRATIVE CONTACT REQUEST PURSUANT TO CIRA'S  
POLICIES, RULES, AND PROCEDURES**

I, \_\_\_\_\_, of \_\_\_\_\_,  
*First and last name of the Witness* *City/Town/Village etc.* *Province/Territory/State etc.*

in the country of \_\_\_\_\_ am \_\_\_\_\_  
*Country* *Your group as listed above*

**I, AS THE WITNESS, DO HEREBY:**

- a) CERTIFY THAT I am included in one of the above-noted groups and that I am in good standing;
- b) CERTIFY THAT I have known the Requester for at least TWO years and well enough to be confident that the statements made by the Requester are true or I am a notary public in good standing;
- c) CERTIFY THAT I have checked the following original valid government-issued photo identification \_\_\_\_\_ to verify the Requester's identity and to the best of my knowledge, the original valid government-issued photo identification is valid and identifies the Requester;
- d) CERTIFY THAT all the information set out in this declaration is a true and accurate statement of the facts contained herein.

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
*City* *Day* *Month*

\_\_\_\_\_  
*Witness's signature*

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*Witness's institution's, organization's, or association's official stamp or seal*

Full contact details of the Witness:

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Street number and name

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City

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Province/State, if applicable

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Country

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Postal code/Zipcode, if applicable

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Phone number

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Email address