

Certificate of Authorization to Apply for Registration of a Municipal Name

Official Name of Municipality: _____

Domain Name Desired: _____

Name of Municipal Representative* : _____

Title of Municipal Representative: _____

Telephone Number of Municipal Representative (Mon.-Fri., 8-4pm): _____

Name of Administrative Contact: _____

Title of Administrative Contact: _____

Postal Address of Administrative Contact: _____

Telephone Number of Administrative Contact (Mon.-Fri., 8-4pm): _____

Email Address of Administrative Contact: _____

I certify that:

1. I am the authorized representative for the municipality identified above;
2. I have knowledge of the facts set out in this certificate;
3. The municipality identified above wishes to apply for the registration of the domain name identified above;
4. The Administrative Contact identified above is authorized to serve as the Administrative Contact for the registration of the domain name specified above on behalf of the municipality until changed in accordance with CIRA's rules and procedures; and
5. All the consents required by CIRA's rules and procedures have been obtained from other dot-ca domain name registrants and other municipalities.

Signature of Municipal Representative: _____

Date: _____

* must be the Mayor, a department head, Chief Operating Officer, Chief Administrative Officer or equivalent for the municipality (must not be the same as the Administrative Contact).