

# Certificate of Authorization to Apply for Registration of a Municipal Name

Fax: 416.531.2516

Attention: OpenSRS CA Municipal Domain Team

Please make sure that all of the appropriate details are included

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:

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Date:

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**\* 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).**

**Releases/2002/Q3/Certificate of Consent by a Municipality to the Registration of a Municipal Name**

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