

Register to assign ARK identifiers

If you represent a memory organization (such as a library, archive, data center, museum, etc.) or a content producing organization (laboratory, publisher, campus department, etc.), you may use this form to register your organization's interest in assigning ARK identifiers. See wiki.ucop.edu/display/Curation/ARK for more information about ARKs.

When your registration is verified, a unique NAAN (Name Assigning Authority Number) will be set aside exclusively for your organization. If you have questions about this form please send email to support-cdl-l@listserv.ucop.edu.

* Required

Contact name: *

Name of person employed by the memory organization. Example: Sam Smith

Your answer

Contact email address: *

An email address, preferably that of the employee's organizational role, that we will use only to verify registration and for rare support questions.

Your answer

Organization name: *

The name of your organization (such as a library, archive, data center, museum, or gallery) that is the primary holder of the objects to which identifiers will be assigned.

Your answer

Position in organization: *

Job performed by contact person in the memory organization. Example: archivist.

Your answer



Organization address: *

Physical or street address. Example: 123 Main St, Oakland, CA 99999, New Zealand.

Your answer

Organization base URL: *

Your organization should plan to include future support for ARKs embedded in URLs that are formed from a base URL extended with "/ark:/YourNAAN/YourIdentifierString". For example, with NAAN 12345 and object 9876, an ARK formed by prepending the base URL to "/ark:/12345/9876" should return a response for that object. If you don't currently support ARKs, enter the homepage of your organization's main website. Example: n2t.net

Your answer

Organization status: *

- ☐ Not-for-profit
- ☐ For profit
- ☐ Other :

Service provider:

If you work for a service provider and are filling out this form on behalf of a memory organization contact person, enter your own contact information and provider name here. Otherwise leave it blank. Example: Sam Smith, ss@aaa.example.org, Acme Archiving Associates.

Your answer

Other information:

Anything else you wish to tell or ask us.

Your answer

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