



BANGSAMORO.GOV.PH DOMAIN APPLICATION FORM

(Note: Please read the attached instructions before filling out this form)

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|---|---|--------------------------------------|--|
| COMPLETE NAME OF ORGANIZATION | MINISTRY OF TRANSPORTATION AND COMMUNICATIONS | | |
| COMPLETE ADDRESS OF ORGANIZATION | MOTC Main Bldg., Bangsamoro Government Complex, ORC Cotabato City | | |
| TYPE OF ORGANIZATION | <input checked="" type="checkbox"/> Ministry <input type="checkbox"/> Agency <input type="checkbox"/> Office <input type="checkbox"/> Special Project <input type="checkbox"/> Consortium / Organizations / Groups | | |
| TELEPHONE / MOBILE NUMBER | 552-15-39 | | |
| FAX NUMBER | N/A | | |
| REQUESTED BANGSAMORO.GOV.PH DOMAIN NAME | doctrac-motc.bangsamoro.gov.ph bmarina.bangsamoro.gov.ph bltfrb.bangsamoro.gov.ph | | |
| PURPOSE OF REQUEST (If your request is local government unit initiative or project, please include the purpose of the initiative/project. You can use separate paper if the space provided is not enough.) | Request for changing of our subdomains due to Internet shutdown | | |
| NAME SERVER INFORMATION | | | |
| HOST NAME OF PRIMARY NAME SERVER | | IP ADDRESS OF PRIMARY NAME SERVER | |
| doctrac-motc.bangsamoro.gov.ph | | 122.53.59.230 | |
| HOST NAME OF SECONDARY NAME SERVER | | IP ADDRESS OF SECONDARY NAME SERVER | |
| | | | |
| HOST NAME OF OTHER NAME SERVER (If applicable) | | IP ADDRESS OF OTHER NAME SERVER | |
| 1. | | 1. | |
| 2. | | 2. | |
| 3. | | 3. | |
| AUTHORIZED CONTACT PERSON/S | | | |
| PRIMARY CONTACT PERSON | | | |
| NAME: MOHAJIREN B. DIANG | | POSITION: ADMINISTRATIVE OFFICER V | |
| EMAIL ADDRESS: motc.mis@gmail.com | | MOBILE NUMBER: 09760099060 | |
| ALTERNATIVE CONTACT PERSON | | | |
| NAME: MAHEED P. BAGUNDANG | | POSITION: INFORMATION SYSTEM ANALYST | |
| EMAIL ADDRESS: ledzbagundang@gmail.com | | MOBILE NUMBER: 09958775939 | |

☒ I hereby certify that the information provided in this form is true and correct.

MOHAJIREN B. DIANG
PRINTED NAME AND SIGNATURE

9/16/2024
DATE



NOTE: Please send the accomplished form at isdms@bicto.bangsamoro.gov.ph. For inquiries, you may call us at **09653848388**. Please wait for an email notification from the **bangsamoro.gov.ph** Domain Registrar regarding your application. The notice will be emailed to the authorized contact person/s you indicated in this form.



INSTRUCTIONS IN FILLING OUT BANGSAMORO.GOV.PH DOMAIN APPLICATION FORM

1. All fields in the form must be filled out. If not applicable, write N/A.
2. Entries in the form may be filled out through handwriting or computer. If handwritten, please write legibly.
3. To know if you are qualified for a bangsamoro.gov.ph domain sub-delegation, please read the Bangsamoro Government Internet Domain Name Policy (<https://dns.gov.ph/asti-policy/>)
4. Indicate the COMPLETE name of your organization. DO NOT ABBREVIATE (e.g. Department of Information and Communications Technology).
5. Indicate the COMPLETE address of your agency (e.g. Bangsamoro Government Center., Governor Gutierrez Avenue, Rosary Heights VII, Cotabato City 9600).
6. Indicate the requested .bangsamoro.gov.ph domain name of your agency. The .bangsamoro.gov.ph domain name should NOT contain special characters (e.g. bicto.bangsamoro.gov.ph).
7. If you are applying for DNS Hosting Service of BICTO-BARMM, please indicate the following in the name server information fields. No need to indicate the IP Addresses of the name servers.
 - * Primary name server: bicto.bangsamoro.gov.ph
 - * Secondary name server: icto.bangsamoro.gov.ph
 - * Other NS: bict.bangsamoro.gov.phNote: addresses. *A minimum of two (2) name servers are needed for a domain.*
8. There should be two (2) authorized contact persons and should be an employee of your agency. Authorized contact person from a third party is NOT allowed. Each contact person should have different phone numbers and email addresses.
9. Tick the box “I hereby certify that the information provided above is true and correct.”
10. The Agency Head or MIS head must affix his/her signature over printed name and indicate the date when the form was signed.
11. Submit the scanned copy with dryseal or stamp seal (in PDF format) together with the letter of request to isdms@bicto.bangsamoro.gov.ph