



Skybeam
320 Gateway Drive
Unit A
Berthoud, Colorado 80513
(888) SKYBEAM Toll Free
(866) 625-8149 Fax
ipadmin@skybeam.com

Internal Use Only
Approved Y / N
Assigned by: _____
Date Assigned: _____

Network/IP(S): _____
IB Updated: _____
SWIP: _____
Given to billing: _____

IP Request/Justification Form

Dear Skybeam customer,

When requesting an IP block of 8 IP's or more or more than 4 individual IP addresses we require this form to be completed to show justification internally as well as to our upstream service providers and if so requested by ARIN. All blocks of 8 IP's or larger will also be reassigned to the customer directly in the ARIN Whois Database.

Please fill out this form completely and either mail it back to us at the address above or fax it to us at the telephone number listed above. If emailing this request back, sometimes it is not possible to sign the bottom of this request. The applicant understands, that in the event of this, that by simply filling out this request and emailing to us, constitutes a full understanding and acceptance of the terms mentioned in this application.

Account Number: _____ Date of Request: _____ Date Needed: _____

Account Name: _____

Person Requesting: _____

Address: _____

Address (Con't): _____

City, State and Zipcode: _____

Email Address: _____

Contact Telephone: _____

1. Number of IP's Requested (Circle Only One)
(8) (16) (32) (64) (128) (256) (Other: _____)

2. Existing IP Networks: (List all IP addresses issued to your organization currently.)



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3. Reassigned IP's: (List all IP addresses currently reassigned to your customers.)

4. Current Types of Service:

List the number of IP addresses that utilize each type of service listed below. If certain services are to be shared such as Email and Virtual Hosting, please indicate by using a (S) at the end of that service.

EXAMPLE:

Virtual Web Hosting: 10

Email Servers: 10 (S)

List Actual Number of Physical Servers:

Virtual Web Hosting:

SSL/Secure Web Hosting:

DNS Servers:

Email Servers:

Co-location:

Other (please specify):

5. 12 Month Projections:

List the number of IP addresses that utilize each type of service listed below. If certain services are to be shared such as Email and Virtual Hosting, please indicate by using a (S) at the end of that service.

EXAMPLE:

Virtual Web Hosting: 10

Email Servers: 10 (S)

3-Month

6-Month

12-Month

List Actual Number of Physical Servers:

Virtual Web Hosting:
SSL/Secure Web Hosting:



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DNS Servers:
Email Servers:
Co-location:
Other (please specify):

6. Does your organization use RFC1918 Private IP Space? If so please describe it below:

7. Will you be returning any existing IP space to any other provider if approved by Skybeam for this request?

Print Name: _____

Date: _____

Signature: _____

What are Skybeam policies regarding address space assignment?

Skybeam has an obligation to ARIN to make sure that the address space that is under Skybeam's control is used as efficiently as possible. Customers requesting additional IP numbers must prove that they have allocated at least 80% of their assigned address space by completing the form above.

Skybeam has the right to use normal network testing to verify the use of current IP space and IP space possibly assigned as a result of this request. These are non-invasive tests like ping, ARP lookups, bridging tables, to mention a few.

Skybeam reserves the right to reassign IP blocks/addresses that do not meet the usage requirements above.

Skybeam's policy is to not renumber customers out of assigned IP space unless absolutely necessary. There are some unforeseen circumstances that do come up that require us to have to go through that process. IP addresses are not owned, they are loaned to organizations and individuals. Skybeam reserves the right to renumber customers at its discretion without recourse as special circumstances arise. Skybeam will make every effort to give advance notice and coordinate if a renumbering scenario does arise.

Please use separate sheets of paper if needed in this application and any supporting documentation you feel might be appropriate. Please allow 24-48 hours for approval/denial notification. All notifications will be made to the email address indicated above.