GPO PKI Third-Party Requestor Recovery Form v1.0 (April 2018)

SECTION 1. (This section to be completed by Third-Party Requestor)

REQUESTOR INFORMATION (Please print)					
First Name		Middle Name		Last Name	
Email Address				Telephone#	
Requester's Agency Name and Address/Room Number (print)					
Fed. Gov't-issued Picture ID Number	ID No:			ID Type:	
Non-Fed. Gov't-issued Picture ID Number	ID No:			ID Type:	
Non-Fed. Gov't-issued ID Number	ID No:			ID Type:	
Certificate for Recovery: (User Name, DN, or CN)					
User Agency: (print Agency Name)					
Recovery Reason:					

Supervisor Signature:

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____(date) Signature: _____

Supervisor Name (Printed):

SECTION 2. (This section to be completed by Registration Authority and Third-Party Requestor at time of Registration)

RA INFORMATION (Please print)			
RA First Name		RA Last Name	
RA Telephone #		RA Email Address	
Date of Registration Request	Date:		
PKI Credential Issuance Completed ☐ Yes ☐ No		Date: Time:	
Identification verified		☐ Yes ☐ No If No do not proceed.	
PKI Credential Type (software or smartcard)		☐ Software (.epf file) ☐ Smartcard/Token	
Smartcard/Token Type (if smartcard/Token credential): (vendor and model number)		Smartcard/Token Serial Number: (if smartcard/Token credential)	
Recovery User Distinguished Name (DN)			

Requestor Signature

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____(date) Signature: _____

RA Signature

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: _____(date) Signature: _____