

GPO PKI Registration Form

SECTION 1 (This section to be completed by applicant prior to in-person Registration)

USER INFORMATION					
First Name		Middle Name		Last Name	
Email Address				Telephone#	
User's Agency Name:					
User's Address:					
Agency Badge	ID#				
Other Fed. Gov't-issued Picture ID	Type		ID#		
Drivers License	State		ID#		
Other Non-Fed. Gov't-issued Picture ID or ID	Type		ID#		
Supervisor Signature:					
I declare under penalty of perjury that the foregoing is true and correct.					
Executed on: _____ (date) Signature: _____					
Supervisor Name:					

SECTION 2. (This section to be completed by Registration Authority and User at time of Registration)

RA INFORMATION			
RA First Name		RA Last Name	
RA Telephone #		RA Email Address	
Date of Registration Request	Date:		
PKI Credential Issuance Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and Time:	
Identification verified		<input type="checkbox"/> Yes <input type="checkbox"/> No <u>If No do not proceed.</u>	
PKI Credential Type (software or smartcard)		<input type="checkbox"/> Software (.epf file) <input type="checkbox"/> Smartcard/Token	
Smartcard/Token Type (if smartcard/Token credential): (vendor and model number)		Smartcard/Token Serial Number: (if smartcard/Token credential)	
User Name (CN)			
User 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: _____			