

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

<b>REQUESTOR INFORMATION (Please print)</b>					
First Name		Middle Name		Last Name	
Email Address				Telephone#	
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 Revocation: (User Name, or cn)	cn: _____				
User's Agency: (print Agency Name)					
Revocation Reason: (Check one only)	<input type="checkbox"/> User No Longer Employed by Agency <input type="checkbox"/> Key Compromise <input type="checkbox"/> User Violation of Subscriber Agreement <input type="checkbox"/> User No Longer Requires Certificate				
Requestor Signature:	I declare under penalty of perjury that the foregoing is true and correct. Executed on: _____ (date) Signature: _____				

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

<b>REGISTRATION AUTHORITY (RA) INFORMATION (Please print)</b>					
RA First Name		RA Last Name			
RA Telephone #		RA Email Address			
Date of Revocation Request	Date: _____				
Fed. Gov't-issued Picture ID verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Digitally Signed Message Received				
Non-Fed. Gov't-issued Picture ID verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Digitally Signed Message Received				
Non-Fed. Gov't-issued ID verified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Digitally Signed Message Received				
RA Signature:	I declare under penalty of perjury that the foregoing and below is true and correct. Executed on: _____ (date) Signature: _____				
PKI Credential Type (software or smartcard)	<input type="checkbox"/> Software token (.epf file) <input type="checkbox"/> Smart card				
PKI Smartcard Type (if smartcard credential)					
PKI Smartcard Serial Number (if smartcard credential)					
PKI Credential Revocation Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date Revocation Completed:		
Token Destroyed (if Key Compromise checked above)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Certificate Revoked: (User Name, or cn)	cn=_____				
User's Agency (print):					

- Requestor must present themselves in person or send digitally signed message for revocation
- Requestor must be certificate owner (subscriber), Subscriber's Supervisor, Human Capital Office/Human Resources Representative, RA, or OA Officer