



Instructions for Certificate Coordinator Authorization Form

Please Note: Before IdenTrust Services LLC (IdenTrust) accepts the Application for a Certificate Coordinator, the Certificate Coordinator's Organization must first have entered into a "Certificate Coordinator Agreement" or "Registration Authority Agreement" with IdenTrust. Also, you will need a valid Washington State High Assurance Level Certificate (stored in a USB Token or Smart Card). If you do not currently have one, IdenTrust will issue you one, at your Organization's expense, allowing you to engage in secure communications with IdenTrust. IdenTrust will activate your Certificate Coordinator capabilities only after IdenTrust has received this Authorization Form signed by you and your Organization. The purpose of this Authorization Form is to indicate that You, "the Applicant," are authorized to hold and manage the Public/Private Key Pair that will be associated with the High Assurance Level Certificate used to communicate securely with IdenTrust's certificate management systems.

To complete your enrollment you must complete the remaining informational sections on the Form, sign the Form, and have your Organization's Authorizing Official also sign the Form. The Authorizing Official is the person who has been designated by Your Organization (in the above-mentioned Certificate Coordinator Agreement or Registration Authority Agreement) as authorized to indicate that You are duly authorized to act as a Certificate Coordinator for your Organization.

Make a copy of the Form and make sure Your Organization's Authorizing Official keeps a copy of the Form for Your Organization's records.

Send the signed original of the Form to IdenTrust,

by mail to:

Attn: CC/LRA Registration
IdenTrust Services LLC
P.O. Box 22930
Salt Lake City, UT 84122-0930

by courier to:

Attn: CC/LRA Registration
IdenTrust Services LLC
255 North Admiral Byrd Road
Salt Lake City, UT 84116-3703

If you have any questions during this Certificate Coordinator enrollment process, please e-mail them to helpdesk@IdeaTrust.com or call 1-888-248-4447.

Certificate Coordinator Authorization Form

THIS AUTHORIZATION is given by "Organization," identified below, to "Applicant," identified below, to IdenTrust Services LLC ("IdenTrust"), a Delaware Limited Liability Company and Certification Authority with its principal place of business at 255 North Admiral Byrd Road, Salt Lake City, Utah 84116-3703 (<http://www.identrust.com>).

1. Authorizations. Organization gives the following authorizations: (a) If the Applicant does not currently possess a Washington State High Assurance Level Certificate, IdenTrust is authorized to issue such Certificate, at Organization's expense, and deliver it to "Applicant," and (b) Applicant is authorized to act

as an agent of Organization in accordance with the terms of the Certificate Coordinator Agreement or Registration Authority Agreement previously entered into between IdenTrust and Organization ("Organization's Agreement") and to communicate with IdenTrust regarding the management of Keys and Certificates in accordance with such Agreement ("Organization's Certificates").

2. Organization and Applicant warrant, represent and agree that:

(a) Applicant has the association or relationship, identified below, with Organization and is duly-authorized by Organization to act on behalf of Organization: (i) to manage the High Assurance Level Certificate issued by IdenTrust and its associated Public/Private Key Pair, and (ii) to engage in communications with IdenTrust regarding Organization's Certificates;

(b) Upon receipt of communications authenticated by reference to the Public/Private Key Pair corresponding to the High Assurance Level Certificate, IdenTrust will be authorized to perform the communicated instructions or certificate-related functions related to Organization's Certificates;

(c) Organization and Applicant have read, understood, and agreed to the responsibilities associated with subscribing to an High Assurance Level Certificate, including the terms and conditions found in applicable Certificate Policy(ies), the Organization's Agreement, Subscriber/Certificate Agreements and any written policies or procedures referenced in Organization's Agreement.

APPLICANT SIGN HERE	

AUTHORIZING OFFICIAL SIGN HERE	

DATE	_____
PRINT NAME	_____
JOB TITLE	_____
E-MAIL	_____
TELEPHONE	_____

DATE	_____
PRINT NAME	_____
JOB TITLE	_____
E-MAIL	_____
TELEPHONE	_____

ORGANIZATION

ORGANIZATION NAME _____

MAILING ADDRESS _____

CONTRACT ID NUMBER _____

For multiple divisions, please indicate which divisions the CC will be managing:

DIVISION 1 _____

DIVISION 2 _____

DIVISION 3 _____

DIVISION 4 _____