

# Fiscal Service PKI Certificate Action Request

(Print Clearly Or Type All Information Except Signature)

**(Block 1)**

**Certificate Action Requested**

**SELECT ONLY ONE (1) ACTION:**

**New Subscriber**

**I REQUEST A CERTIFICATE, WITH THE FOLLOWING LEVEL OF ASSURANCE, BE ISSUED BY THE FISCAL SERVICE TO THE SUBSCRIBER NAMED IN BLOCK 2:**

Web Browser Certificate

Enterprise Certificate

Level of Assurance (Select one):  Basic (Certificate identity may be established using trusted information in a secured database of user-supplied information. Private key may be stored on software. )

Medium (Requires in-person proofing and private key stored on hardware)

Business System Requiring Certificate:

Other Information:

**Recover PKI Certificate**

**PLEASE RECOVER THE CERTIFICATE HELD BY THE INDIVIDUAL NAMED IN BLOCK 2 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):**

Forgotten or Lost Password

Entrust Profile Lost or Corrupted

Subscriber Information has Changed [i.e., legal last name, e-mail address, etc.]:

Info that has changed: \_\_\_\_\_

Other Describe: \_\_\_\_\_

**Revoke PKI Certificate**

**PLEASE REVOKE THE CERTIFICATE HELD BY THE INDIVIDUAL NAMED IN BLOCK 2 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):**

Lost or Damaged Smart Card

Certificate No Longer Needed:

Reason: \_\_\_\_\_

Certificate Compromised or Lost:

Date Certificate known to be compromised: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**(Block 2) Subscriber / Certificate Holder Information**

Subscriber/Cert Holder First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work Fax Number	

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I affirm that I have the authority to request the revocation or the recovery of the Certificate as described on this form. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

I have read and understand the Fiscal Service Subscriber Agreement and my signature on this document is my agreement to abide by this Agreement and the rules and policies of the Fiscal Service regarding the Agreement.

\_\_\_\_\_  
Subscriber/Certificate Holder Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**(Block 3) Nominating Official / Requestor Information**

Action is being requested by (check one):

<input type="checkbox"/> Fiscal Sponsoring Authority (FSA)	<input type="checkbox"/> Trusted Registration Agent (TRA)	<input type="checkbox"/> FMS Help Desk
<input type="checkbox"/> Fiscal Business Customer (FBC)	<input type="checkbox"/> Registration Authority (RA)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Certificate Holder	<input type="checkbox"/> Security Officer (SO)	

Nominating Official/Requestor First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work Fax Number	

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I affirm that I have the authority to nominate a subscriber for a PKI Certificate, as a Nominating Official, or request the revocation or the recovery of the Certificate, as a Requestor, as described on this form. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

\_\_\_\_\_  
Nominating Official / Requestor Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**(Block 4) Registration Agent (RA) / Local Registration Agent (LRA) / Trusted Registration Agent (TRA) Information**

RA/LRA/TRA First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Work Phone Number		Work Fax Number	