

FIPS 201 Evaluation Program Central Certificate Validator Registration Form

The following form needs to be completed by an organization that wants to utilize the GSA Central Certificate Validator (CCV) for validating certificates using the Server-based Certificate Validation Protocol (SCVP).

Date	
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General Organization Information

Organization Name			
Address 1			
Address 2			
City		State/Province	
Zip/Postal		Country	
Phone			

Contact Information

Primary Contact

Name			
Phone		Email	

Secondary Contact

Name			
Phone		Email	

No of Connections

#	
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Are the certificates going to be installed in:

Readers		Host Systems		Both	
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Do you want GSA to generate the private keys?

Yes	
No	

Do you want to be able to issue your own certificates[†]?

Yes	
No	

[†] Selecting "Yes" implies the use of an Issuer CA certificate request

Signature

I hereby claim that I am authorized to sign this form on behalf of the above specified organization. I acknowledge that I have to the best of my knowledge completed the form above.

Signature		Date	
Name			
Designation			