

# Fiscal Service PKI Certificate In-Person Proofing Verification

(Print Clearly Or Type All Information Except Signature)

## (Block 5) Subscriber Information

Subscriber First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	

## (Block 6) Identification Provided by Subscriber

Prior to the approval of a Medium Assurance certificate request, the Applicant is REQUIRED to appear in person and provide one Government-issued photo ID for identity authentication.

Certificate Request is:  Approved  Rejected (Provide Reason)

Reject Reason (if selected): \_\_\_\_\_

Subscriber U.S. Government Badge: Issuing Agency: \_\_\_\_\_

ID#: \_\_\_\_\_  Employee  Contractor

Subscriber U.S. Passport: ID#: \_\_\_\_\_

Subscriber U.S. Military Identification Card: Branch of Service: \_\_\_\_\_ ID #: \_\_\_\_\_

Subscriber U.S. State Identification Card: State: \_\_\_\_\_ ID#: \_\_\_\_\_

Subscriber U.S. State Driver's License: State: \_\_\_\_\_ ID#: \_\_\_\_\_

## (Block 7) Subscriber Signature

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.

**Please Note: Do not, under any circumstance, share your certificate information with another person. You are responsible if your certificate is illegally used. Your certificate is not like a password; it is an encrypted representation of your legal signature. Anything accessed, activated, or signed by your digital signature is as legally binding as something you sign with your personal signature. You can be prosecuted for illegal use of your Digital Signature.**

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 understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

\_\_\_\_\_  
Subscriber Signature Date (mm/dd/yyyy) Time (hh:mm) (24 hour format)

## (Block 8) Identification Provided by Fiscal Service Verifying Official

Verifying Official First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (Jr., Sr. III, etc.)
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To perform an in-person proofing of an individual subscriber of a Medium Assurance certificate, the Fiscal Service Verifier is REQUIRED to provide one Federal Government-issued photo ID for identity authentication.

Verifying Official U.S. Government Badge: Issuing Agency: \_\_\_\_\_

ID#: \_\_\_\_\_  Employee  Contractor

Verifying Official Title (check one):  TRA  LRA  RA  SO

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 understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

\_\_\_\_\_  
Verifying Official Signature Date (mm/dd/yyyy) Time (hh:mm) (24 hour format)