

Instructions for Completing the Certificate Request Process

Read and sign the HHS PKI Subscriber Agreement.

Indicate the type of request by placing a check mark in the box next to Software Certificate Request or Key Recovery Request.

- ❖ Fill in your name, primary SMTP email address and OPDIV information in **Section 2**.
To locate your primary SMTP email address:
 1. Look up your name in your GAL (Global Address List)
 2. Right mouse click on your name
 3. From the drop down menu click Properties
 4. In the pop-up box select the Email Addresses tab
 5. In the Email Addresses box the first email address is your SMTP email address
- ❖ Photocopy your picture from your valid government issued photo ID onto the form in **Section 9**. To do so, place your photo ID face down on the copy machine, then place the printed form over the top of the ID in such a manner that the photo is aligned with the area reserved on the form for the ID. Make sure you check the lightness/darkness settings of the copier before making the copy.
- ❖ Take this form to your sponsor to complete **Section 3**.
- ❖ Take this form to your Local Registrar or Notary Public. The Local Registrar (former LRA) or other authorized entity (e.g., Notary Public) must witness the applicant's signature in **Section 4**.

If notarized, send the completed form to the Registrar via express or postal mail or by private courier. The package should be sealed in a tamper-evident container as approved by the HHSPPA. The postal address is:

ATTN: HHS PKI
BearingPoint, Inc.
6564 Loisdale Ct., Ste. 407
Springfield, VA 22150

- ❖ Leave **Section 5** blank this section is for Notary use only.
- ❖ Leave **Section 6** blank this section is for Notary use only.
- ❖ Leave **Section 7** blank this section is for Registrar use only.
- ❖ Leave **Section 8** blank this section is for Registrar use only.
- ❖ Subscriber and RA must initial that they have both verified that the certificate has been removed from the RA's workstation.

Health and Human Services (HHS)

You have been authorized to receive one or more digital credentials (PKI certificates) associated with private and public key pairs. If you are receiving a PIV card, these PKI certificates are contained on your PIV card. If you are not receiving a PIV card, these PKI certificates are being provided on portable media and you will need to transfer these certificates into approved HHS storage, e.g., browser of your workstation, desktop, laptop, etc. At a minimum, these key pairs enable you to electronically identify yourself for systems access. Additional key pairs may enable you to digitally sign documents and messages and perform encryption/decryption functions.

Acknowledgement of Responsibilities: I acknowledge receiving my PIV card and/or digital certificates and will comply with the following obligations:

- I will accurately represent myself in all communications with the HHS issuing authorities, to include sponsor, authorizing official, enrollment officials, and issuance officials;
 - I will comply with the instructions described to me today for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself;
 - I will protect the contents of my PIV card at all times, by treating my PIV card as valuable personal property and keeping my PIN from disclosure as described above;
 - I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private keys have been provided to the key recovery database in case they need to be recovered; however, if I make additional copies of my certificates and private keys, I am responsible for protecting these copies and will store and protect them according to approved HHS policies and procedures;
 - I will immediately notify the appropriate authority upon suspicion of loss or compromise (e.g. suspected or known unauthorized use, misplacement, etc.) of my PIV card and/or disclosure of my PIN;
 - I understand that my PIV card and/or digital certificates may be placed on "suspension" per requirements of HHS and/or OPDIV. I understand that a suspension of the PIV card and/or digital certificates will be for a maximum of 7 days before it becomes permanently revoked and must be re-issued.
 - I will promptly advise the appropriate Registration Authority (RA) if any changes in my registration information and will respond to notices from the RA concerning my digital certificates; and
 - Upon the termination of my relationship with the U.S. Government or upon demand by the appropriate authority, I will surrender the PIV card and/or the digital certificates for revocation.
- I declare that under the penalty of perjury in accordance with 28.U.S.C. 1746 that the information provided is true and complete to the best of my knowledge.

I Agree

(Applicant's Signature)

(Date)

