X.509 Certificate Request Form

Tracking # _____

☐ For CA ☐ For TPKC ☒ SBU ☐ SECRET

User Information

1. Action Type NEW CERTIFICATE	**2. Recipient Name** *(Print or Type)*	**Phone:** **Comm**: **DSN:**
3. Recipient Address *(for delivery of FORTEZZA card)* UNIT Street Address **-** City/APO State ZIP	**4. PIN Address** *(for delivery of PIN letter; must differ from block 3.)* UNIT Street City/APO State ZIP	
5. Recipient E-mail Address *(Print or Type)*		☒ **SMTP** ☐ **x400**
6. Recipient Signature		**DATE** *(Print or Type)* **12/19/00**

Certificate Information

7. Certificate Type *(select only one)*	**8. KEA Clearance** *(select those that do not apply)*	**9. KEA (Communications) Privileges** *(DMS only; select all that apply)*	**10. DSS (Signature) Privileges** *(DMS only; select all that apply)*
Individual ☐ CA ☐ Org. Firstborn ☒ PCA ☐ Org. Sibling ☐ SORA ☐ TPKC ☐ Other	Sensitive But Unclassified ☒ Unclassified ☒	Critic/Flash ☐ Immediate/Priority ☐ Routine/Deferred ☒ Multifunction Interpreter ☐	Org. Release Authority ☒ Read Only ☐

11. Comments/Justification *(see instructions; continue on separate sheet if necessary)*

12. Certificate Validity Period	**13. Personality Name** **(NOTE BLOCK 13 TO BE COMPLETED BY DOIM C/A ONLY !!!)**

Administrative/Signature Block

14. Card Chip Serial Number(s) **(NOTE! THIS BLOCK IS TO BE COMPLETED BY DOIM C/A ONLY !!)**	**15. Type of Identification**

16. DN C=US O=U.S. GOVERNMENT OU=DOD OU=ARMY OU=Organizations L=CONUS L=Fort Sill OK OU=TRADOC **OU=*Organization Name* (n)**

CN=*Common Name of ORGANIZATION mailbox* (n)

(NOTE! BLOCK 16 IS TO BE COMPLETED BY DOIM SRA ONLY !!!)

17. Supervisor Name *(Print or Type)*	**Phone:** **Comm:** **DSN:**	**Signature**	**Date 12/19/00**
18. Org. Registration Authority Name *(Print or type)*	**Phone:** **Comm:** **DSN:**	**Signature**	**Date 12/19/00**
19. Certification Authority Name *(Print or type)*	**Phone:** **Comm:** **DSN:**	**Signature**	**Date 12/19/00**