

**Corporation for Research and Educational Networking
Application for CREN Digital Certificate Services**

Part 1: Identification of Requested Services and Institutional Contacts

Important abbreviations: MR= Member Representative, CARC= Certificate Authority Registration Contact, CAEO = Certificate Authority Executive Officer and ICATC= Certificate Authority Technical Contact

Part 1 of this Digital Certificate Services application process is the identification of the services being requested and the institution's contacts for these services. **Part 2** is the agreement authorization from the campus executive officer (CAEO) for these Digital Certificate Services. The Member Rep completes Part 1 with the names of the institution's contacts, obtains the signature of the CAEO on Part 2, and then returns the application to the CREN office by fax or mail. The CREN office then verifies the contact information. Note: If the institution requesting service is not a CREN member, an institution's contacts equivalent to those identified should complete this form.

Part 1A: Digital Certificate Services being requested:

Please check the appropriate boxes to indicate the types of certificate service being requesting. This one application can be used for requesting multiple types of digital certificates.

- | | | |
|--|---|--|
| <input type="checkbox"/> Institutional Certificate | <input type="checkbox"/> Renew Institutional Certificate | <input type="checkbox"/> Change of information and/or contacts |
| <input type="checkbox"/> Web Server Cert | <input type="checkbox"/> Renew Web Server Certificate | |
| <input type="checkbox"/> Client Certificate | <input type="checkbox"/> Renew Client Certificate Service | |

Part 1B: Institution Information

The organization listed below wishes to become a subscriber of CREN's Certificate Authority Service.

Name of Organization: _____

Address of Organization: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Main Phone: _____ **Domain Name:** _____

Organizational Unit: _____

Part 1C: Institution's Contacts Information

Member Representative (MR): Required for all Applications

Name: _____ **Institution:** _____

Main Phone: _____ **Title and Dept:** _____

Fax Number: _____ **Mailing Address1:** _____

Email Address: _____ **Mailing Address2:** _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Certificate Authority Registration Contact (CARC): Required When Applying for Client Certificate Service

Name: _____ **Institution:** _____

Main Phone: _____ **Title and Dept:** _____

Fax Number: _____ **Mailing Address1:** _____

Email Address: _____ **Mailing Address2:** _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Certificate Authority Technical Contact (ICATC): Required When Applying for Web Server and Institutional Certificates

Name: _____ **Institution:** _____

Main Phone: _____ **Title and Dept:** _____

Fax Number: _____ **Mailing Address1:** _____

Email Address: _____ **Mailing Address2:** _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Certificate Authority Executive Officer (CAEO): Required for All Services

Name: _____	Institution: _____
Main Phone: _____	Title and Dept: _____
Fax Number: _____	Mailing Address1: _____
Email Address: _____	Mailing Address2: _____
City: _____	State: _____
Zip: _____	Country: _____

Part 2: Agreement Authorization

Part 2 of the application process is the agreement authorization by the Certificate Authority Executive Officer (CAEO). This authorizes that the institution becomes a subscriber.

Agreement: I certify that the above-named organization wishes to subscribe to CREN's Digital Certificate Services. For the Institutional certificate service, I also certify that the above-named institution has procedures in place that appropriately protects the institution's private key for the campus certificate authority service in accordance with good Certificate Authority practices.

I understand that CREN is providing digital certificate services as a benefit to its members and to others in the higher education community to facilitate inter-institutional resource sharing and access to other services, including authentication services. CREN's CA practices are governed by the CREN Certification Practices Statement (CPS) available at www.cren.net. I acknowledge that the Public Key Infrastructure (PKI) is an evolving technology and that CREN's service is part of this evolving infrastructure.

I understand that the signing of this form is part of the practice required for the organization to receive a CREN institutional certificate and to receive other types of digital certificate services.

Date	_____
Signature	_____
Title	_____
	(University Executive Officer)
Name (Print)	_____

Please fax this signed application to CREN at 202-293-2853. If you have any questions, please call us at 202-293-6838 or at 202 293 5909 or contact us by email at cren@cren.net. After the application has been received and reviewed, CREN will notify the Certificate Authority Technical Contact to proceed to Part 3 which will initiate the digital certificate request process.

Part 3: Certificate Request The CREN CA Digital Certificate Services Administrator will send email to the Certificate Authority Technical Contact and set up a secure communication channel for the next steps. Detail on all the steps in the process can be found at <http://www.cren.net>.

For CREN Office Use Only:	CREN Signature1 _____	
FICE ID Number or Other Unique Identifier:	CREN Signature2 _____	Date _____