CAcert

Organisation Assurance Program
Application Form

Organisation Legal Entity	
Unique Identifier Authority issued identifier and type	
Licensing Authority Authority licensing entity & region	
Alias(es) Trading Names or DBAs (for assurance)	
Domain Name(s) Domains owned by entity (for assurance)	
Registered Office Official Address and Primary Phone	
Organisation Contact Name, Title, Phone & CAcert Email	
Organisation Admin(s) Name, Title, Phone & CAcert Email		

☐ I have read, understood and agree to the terms of the CAcert Community Agreement posted at http://cacert.org and varied from time to time, including CAcert's jurisdiction & dispute resolution process and the handling of my data in accordance with policies in force.

☐ I hereby declare that all information provided is complete and accurate and will notify CAcert of any updates or changes to contact details.

☐ I am duly authorised to act on behalf of the legal entity, request that the Organisation Assurer verify the Organisation according to the Organisation Assurance Policy and applicable sub-policy(s), and grant administration privileges to the specified Organisation Administrator.

Applicant Signature Affix company seal if applicable		
		Date