



CAcert Assurance Programme Identity Verification Form (CAP form)

CAcert Inc. - P.O. Box 4107 - Denistone East NSW 2112 - Australia - <http://www.CAcert.org>

CAcert's Root Certificate fingerprint A6:1B:37:5E:39:0D:9C:36:54:EE:BD:20:31:46:1F:6B and 135C EC36 F49C B8E9 3B1A B270 CD80 8846 76CE 8F33

To the Assurer: The CAcert Assurance Programme (CAP) aims to verify the identities of Internet users through face-to-face witnessing of government issued identity documents. The Applicant asks you to verify to CAcert.org that you have met them and verified their exact full name and their identity against one or more original, trusted, government photo identity documents. If you have ANY doubts or concerns about the Applicant's identity, DO NOT COMPLETE OR SIGN this form. You are encouraged to perform a mutual assurance.

For more information about the CAcert Assurance Programme and other programs please visit: <http://www.CAcert.org>.

As the assurer, you are required to keep the signed document on file for 7 years. Should CAcert Inc. have any concerns about a meeting taking place, CAcert Inc. can request proof, in the form of this signed document, to ensure the process is being followed correctly. After 7 years if you wish to dispose of this form it's preferred that you shred and burn it.

For CAcert Organisation Assurance Programme there is a separate special COAP form.

Applicant's Statement

Full exact name on the ID and type of ID shown, number the name(s):

Email Address: _____ Date of Birth: (YYYY-MM-DD) _____

Make sure you have read and agree with the CAcert Community Agreement, <http://www.cacert.org/policy/CAcertCommunityAgreement.php>

- I hereby confirm that the information stated above is both true and correct, and request the CAcert Assurer (identified below) to witness my identity in the CAcert Assurance Programme.
- I agree to the CAcert Community Agreement

Date (yyyy-mm-dd): 20__-__-__

Applicant's signature: _____

CAcert Assurer

Assurer's Name: _____ Date (yyyy-mm-dd): 20__-__-__
Assurers signature: _____

Per exact full name the type(s) of ID shown	Assurance Points allocated
<input type="checkbox"/>	
<input type="checkbox"/>	

Location of Face-to-face Meeting and notes:



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CAcert Assurer

Assurer's Name: _____ Date (yyyy-mm-dd): 20__-__-__
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