



INSTRUCTIONS FOR STATE OF WASHINGTON PKI HIGH ASSURANCE LEVEL CERTIFICATE APPLICANT

Thank you for choosing IdeaTrust Services, LLC ("IdeaTrust") to issue you a High Assurance Level Certificate for use in the State of Washington Public Key Infrastructure ("State of Washington PKI").

High Assurance certificates are issued when a Subscriber desires, or a Relying Party requires, a higher level of in-person authentication than what is provided by Intermediate or Standard Assurance Level Certificates. (A High Assurance certificate can also be used where an Intermediate or Standard Assurance Level Certificate is needed.)

To complete the enrollment portion for your High Assurance Level Certificate, you must complete the following steps:

1. Take the attached Identification Form and Acknowledgement ("ID Form") to a licensed Notary Public (most banks have notaries on staff);

2. Present the Notary with:

(a) the ID Form, **and**

(b) the current **state-issued ID card or driver's license** that you reported to IdeaTrust on the application screen, and

(c) a **second form of identification**, which may be a valid passport, military ID, college or university photo ID, an alien registration card, a major credit card, an employee photo ID card containing your employer's name and address, your social security card, or a recent utility bill (with your name and address that must match the address you reported on the application screen);

3. Sign the ID Form in the presence of the Notary;

4. Have the Notary verify your identity by (a) reviewing and recording on the ID Form the information from your two forms of ID, and (b) attaching photocopies of your two forms of ID to the ID Form;

5. Make sure the Notary has (a) properly notarized your signature, (b) affixed his or her raised seal or colored ink stamp, (c) included all pertinent information from your two forms of ID, (d) attached a copy of each ID, and (e) filled in his or her employer information; and

6. Make and keep a copy of the notarized ID Form and send the originals

by mail to:

State of Washington PKI
c/o IdeaTrust Services, LLC
P.O. Box 22930
Salt Lake City UT 84122-0930

by courier to:

State of Washington PKI
c/o IdeaTrust Services, LLC
255 North Admiral Byrd Road
Salt Lake City UT 84116-3703

Identification Form and Acknowledgement

State of Washington PKI – High Assurance Level Certificate

You, the undersigned applicant (“Applicant”), have applied for a State of Washington High Assurance Level Certificate (the “Certificate”). Applicant should already have accepted the online Agreement for High Assurance Level Certificate (“Subscriber Agreement”). By signing below, Applicant further represents, warrants and attests that all facts and information provided by Applicant to IdenTrust during the application process are current, complete, true and not misleading. Applicant also represents, warrants and agrees that Applicant:

- a) is applying for issuance of a High Assurance Level Certificate;
- b) is who Applicant represents himself or herself to be; and
- c) has read, understands, and agrees to be bound by all of the terms and conditions of the Subscriber Agreement and the other documents referenced therein, including all responsibilities associated with being the Subscriber of a Certificate.

Print Name: _____
(First Name, Middle Initial, Last Name)

E-mail Address: _____

Signature: _____
(Sign Only In The Presence Of Notary)

State of _____

County of _____

I hereby certify that on this ____ day of _____, 20____, personally appeared before me the signer and subject of the above form, who signed or attested the same in my presence, and presented the following two forms of ID as proof of his or her identity, BOTH OF WHICH I HAVE PHOTOCOPIED AND AFFIXED TO THIS FORM:

1. _____
Exact Name Listed on State ID Serial Number of State ID Expiration ID Type (e.g., Wash. DL)

2. _____
Exact Name on other ID Serial/Account Number Expiration ID Type*

*Valid passport, military or college ID, alien registration, major credit card, employee badge, social security card, or recent utility bill.

Notary Public _____
Residing in: _____
My Commission Expires: _____

Name of Organization Employing Notary

Street Address, City, State, Zip Code

