



OATI webCARES BUSINESS REPRESENTATIVE APPLICATION FORM

To become an OATI webCARES subscriber, each company must designate a Security Officer (SO). A Security Officer uses webCARES as a Corporate Certificate Authority otherwise known as a Local Registration Authority (LRA).

The SO/LRA is responsible for performing identity verification within your organization, and creating, distributing, revoking, renewing, and archiving webCARES Digital Certificates across your organization. This includes device and end user certificates. For these reasons, OATI strongly recommends at least one Security Officer be selected from the organization's IT or Security Department. This will help to ensure technical competency, enterprise wide coordination, elimination of duplicate certificates, and the highest level of security within your organization.

Please complete and print the below form. Note the signatures of the Security Officer must be notarized for identity verification purposes. Once completed and notarized please mail the original completed form to webCARES Support at OATI at the address below.

For more information on OATI webCARES and the responsibilities of becoming a subscriber, please see the OATI Certification Practice Statement at www.oaticerts.com/repository.

Please mail the completed original* form to:

OATI webCARES Support
3660 Technology Drive NE
Minneapolis, MN 55418

*Changes to an existing form can be faxed to (763) 201-5333 or scanned and emailed to Contracts@oati.net

Company Information (all fields mandatory):	
Company: _____	
Legal Company Name (if different): _____	
Street Address: _____	
City: _____	State/Province: _____
Zip/Postal Code: _____	Country: _____
Phone Number: _____	Fax Number: _____
Federal Employer ID Number ¹ : _____	DUNS Number ² : _____
Requested/Existing webCARES Company Code: _____	Web Address: _____
Application (check all that apply): <input type="checkbox"/> New/Replace SO <input type="checkbox"/> New/Replace AO <input type="checkbox"/> New OATI webCARES Customer <input type="checkbox"/> Modify SO Info <input type="checkbox"/> Modify AO Info <input type="checkbox"/> Add Org. Unit _____ <input type="checkbox"/> Modify Company Info <input type="checkbox"/> Other _____	
Purpose of certificates (i.e., webSmartTag, webSmartOASIS, etc.): _____	

¹ For non-US Organizations - Government issued business number may be substituted for the U.S. Federal Employer ID Number.
² The number representing an Organization in the Dunn & Bradstreet Database (www.DNB.com).

OPEN ACCESS TECHNOLOGY INTERNATIONAL, INC.

3660 Technology Drive NE | Minneapolis, MN 55418 | Phone 763.201.2000 | Fax 763.201.5333 | www.oati.com

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Select Only One: <input type="checkbox"/> Security Officer (SO) or <input type="checkbox"/> Audit Officer (AO) (all fields are mandatory) Please complete a copy of this page for each (SO) or (AO) to be added or updated.		
IMPORTANT: A Security Officer is responsible for identity verification, creating, distributing, revoking, renewing, and archiving digital certificates across the organization. For these reasons, OATI strongly recommends Security Officers be selected from the corporate IT or Security department. Please see the webCARES CPS at http://www.oaticerts.com/repository/ for additional information. An Audit Officer is responsible for tracking and verifying the actions taken by the Security Officer(s).		
Name First	Middle	Last
Job Title	Has a webCARES certificate? (If yes, list CN)	
E-Mail		
Work Address	SO or AO Supervisor/Manager Name	
City	SO or AO Supervisor/Manager Title	
State/Province	SO or AO Supervisor/Manager E-Mail	
Zip/Postal Code and Country	SO or AO Supervisor/Manager Work Phone	
Work Phone	SO or AO Being Replaced (if applicable)	
I have applied for an OATI Digital Certificate. Such application is subject to verification of all information contained on it. I authorize third parties to provide to Open Access Technology International, Inc. (OATI), any and all information and documentation requested as needed to complete the verification process. Such information may include, but is not limited to: name, address, DUNS, and EIN/BN.		
Signature - Security Officer or Audit Officer	Date	
Signature - SO or AO Supervisor or Manager	Date	

STATE OF _____)
) ss.
 COUNTY OF _____)

Signed and acknowledged before me this ____ day of _____, 20____, by
 _____ (insert name of Security Officer or Audit Officer).

 Notary Public
 My Commission Expires: _____