How to fill out your DigiCert Document of Identity paperwork

Please see the images of the DigiCert Document of Identity on the following two pages. To help detail what DigiCert requires in the Document of Identity paperwork we have added descriptions for each field.

By successfully completing your Document of Identity paperwork you will be helping to ensure the time it takes to be issued a Direct certificate is kept to a minimum.

The document is in two parts

- 1. identity verification shown in the first image
- 2. authorization shown in the second image

The authorization section is easy to miss as it is three small fields on the last page but without all details provided DigiCert is not able to issue the certificate.

THE TOTAL CONTINUES A STREET	ATTITUDE ASSESSMENT ASSESSMENT	VD AUTHORIZATION

ant	Name: Authorized Representative Name	Telephone: AR Phone Number		
hppli	Home Address: AR Home Address	Email: AR Email Address		
_		Date of Birth: AR DOB		

By signing this document, I represent that the information above is correct. I also agree to the direct certificate authorization attached to this document and acknowledge that DigiCert may rely on my adherence to its terms in issuing a digital certificate to my health information service provider.

Authorized Representative Signature	Date of Signing
Applicant Signature	Date

INSTRUCTIONS TO NOTARY/TRUSTED AGENT: Please verify the person named in this document using at least one government-issued photo ID. If the ID presented was not issued by the federal government, have the applicant present a secondary form of ID. NOTE: This section is not applicable if the form is signed with an FBCA Medium or higher assurance certificate (uncommon).

	Type of Document: Type of Identity Document		oto:	1	N	Photo ID?
ID #1	Issued By: Issuing Authority	Serial #: Document ID				
	Name on ID#1: *match AR Name above*	Expiration Date: Document Expiration			Expiration	

Provide second ID document details if you are providing two documents

	Type of Document:	Photo: Y N
ID #2	Issued By:	Serial #:
-	Name on ID#2:	Exp. Date:

ACKNOWLEDGMENT

STATE/COMMONWEALTH OF Notary State/Commonwealth COUNTY/PARISH OF Notary County/Parish I certify that at the person named above personally appeared before me and presented the identification listed above.					
WITNESSED by Notary Signature Notary Seal Notary/Trusted Agent Signs Here					
Print Name	Notary Name	Date: Date of Signing			
Telephone	Notary Phone Number	Email: Notary Email Address			

- 7. <u>Duration</u>. This authorization lasts until revoked by Applicant, and Applicant is responsible for all Certificates requested by HISP on Applicant's behalf. Applicant may revoke the authorization by sending an email message revoking the authorization at <u>legal@digicert.com</u>. Even after revocation, all representations and obligations relied on for Certificates issued prior to DigiCert's receipt of the revocation survive until the Certificates expire or are revoked by DigiCert. DigiCert may require that Applicant periodically renew this authorization by resubmitting a copy of this authorization to DigiCert.
- Certificate Revocation and Termination. DigiCert will revoke any Certificate issued to HISP on Applicant's behalf after receiving a verified revocation request from Applicant. DigiCert may also revoke a Certificate issued to HISP on Applicant's behalf for any reason and without notice.
- 9. Warranty Disclaimers. DIGICERT SERVICES ARE PROVIDED "AS IS" AND "AS AVAILABLE". DigiCert represents that it will provide the services in accordance with its certificate practice statement. DIGICERT EXPRESSLY DISCLAIMS ALL OTHER EXPRESS AND IMPLIED WARRANTIES, INCLUDING ALL WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, AND NON-INFRINGEMENT. DigiCert may modify or discontinue specific service or product offerings at any time. Nothing herein requires DigiCert to provide Certificates or other related services to Applicant or HISP.
- 10. Limitation on Liability. DIGICERT IS PROVIDING THESE SERVICES TO APPLICANT UNDER AN AGREEMENT BETWEEN HISP AND DIGICERT. DIGICERT'S LIABILITY FOR CERTIFICATES UNDER THIS AUTHORIZATION IS LIMITED TO THE AMOUNT SPECIFIED IN ITS AGREEMENT WITH HISP, WHICH LIMITS APPLY EQUALLY TO THE CERTIFICATES ISSUED UNDER THIS AGREEMENT. APPLICANT ACCEPTS THIS LIMITATION ON LIABILITY, ACKNOWLEDGES THAT HISP IS RESPONSIBLE FOR ANY USE OF THE CERTIFICATE, AND WAIVES NY RIGHT AGAINST DIGICERT FOR HISP'S USE OF DIGICERT'S SERVICES, INCLUDING THE ISSUANCE OR USE OF CERTIFICATES. DIGICERT IS NOT LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, OR PUNATIVE DAMAGES OR ANY LOSS OF PROFIT, REVENUE, DATA, OR OPPORTUNITY, EVEN IF DIGICERT IS AWARE OF THE POSSIBILITY OF SUCH DAMAGES. The limitations in this section apply to the maximum extent permitted by law and apply regardless of (i) the reason for or nature of the liability, including tort claims, (ii) the number of claims of liability, (iii) the extent or nature of the damages, or (iv) whether any other provisions of this authorization were breached or proven ineffective.
- 11. Notices. Applicant must send all notices (i) in writing, (ii) with delivery confirmation via first class mail, commercial overnight delivery service, facsimile transmission, email, or by hand, and (iii) addressed to DigiCert, Inc., Attn: Legal Department, 2600 West Executive Parkway, Suite 500, Lehi, Utah 84043, email: legal@digicert.com, fax: 1-866-842-0223. DigiCert may change its address for notices by sending notice of the change to HISP. All notices to DigiCert are effective on receipt. HISP is solely responsible for conveying notices to Applicant. DigiCert will deliver notices to Applicant by delivering the notice to HISP. Notices are effective when sent to HISP in accordance with DigiCert's agreement with HISP.
- 12. Severability. The invalidity or unenforceability of a provision under this authorization, as determined by an arbitrator, court, or administrative body of competent jurisdiction, does not affect the validity or enforceability of the remainder of this authorization. The parties shall substitute any invalid or unenforceable provision with a valid or enforceable provision that achieves the same economic, legal, and commercial objectives as the invalid or unenforceable provision.
- Intended Beneficiaries. HISP and DigiCert are express and intended beneficiaries of Applicant's obligations and representations under this authorization.

This authorization is made as of the date below:

APPLICANT

By: Authorized Representative Name

Its: Health Care Organization Name

Date: Date Filled Out