

## DIGICERT EXTENDED VALIDATION CERTIFICATE REQUEST

On behalf of the Organization listed below and as an Authorized Certificate Requester, I am requesting an Extended Validation Certificate from DigiCert, Inc., with the following details:

**Official/Legal Name of Organization:** \_\_\_\_\_

Jurisdiction of Incorporation, Registration or Charter: \_\_\_\_\_  
(Include Name of City/Town, State/Province and Country)

Name of Government Agency where Registered: \_\_\_\_\_

Registration Number (if no registration number, provide date of incorporation): \_\_\_\_\_

**Assumed Name, DBA, or "Trading As" Name:** \_\_\_\_\_  
(Only if requested as part of the Common Name in the Certificate)

Jurisdiction Where Name is Registered (if any): \_\_\_\_\_  
(Include Name of City/Town, State/Province and Country)

Name of Government Agency where DBA Registered: \_\_\_\_\_

Registration Number (if no registration number, provide date of registration): \_\_\_\_\_

Domain Name(s), Device Names, FQDNs to be contained in Certificate: \_\_\_\_\_

**Organization/Applicant Information:** Main Web Site URL: \_\_\_\_\_

Building Number, Street and Suite (No PO Boxes): \_\_\_\_\_

City or Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Main Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

### Your Contact Information:

Name of Authorized Certificate Requester: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Facsimile Number: \_\_\_\_\_

I hereby represent and warrant that the foregoing is true and correct and that I make this Request on behalf of the above-named Organization/Applicant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_