

Fiscal Service PKI Administration Nomination

(Print Clearly Or Type All Information Except Signature)



(Block 1) Nomination Type

I nominate the individual named in Block 2 to be (choose one):

- Fiscal Business Customer (FBC) (Nominated by an Head of Agency (HOA) and approved by an OMA)
- Operational Management Authority (OMA) (Nominated by a Policy Management Authority (PMA) chair and approved by another Bureau/Service PMA chair)
- Security Officer (SO) or (Nominated by an OMA and approved by a PMA chair)
- Certificate Authority (CA) Administrator or
- Auditor
- Registration Authority (RA) or (Nominated by an OMA and approved by an SO)
- Local Registration Authority (LRA)
- Directory Administrator (DA) (Nominated by an OMA or FBC and approved by an SO)
- Certificate Authority (CA) Operator (Nominated by an OMA and approved by an SO)

(Block 2) Nominee Information

First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Identifier (Jr., Sr., III, etc.)
Organization Name (Agency/Bureau)		Work E-Mail Address	
Organization Street Address (include room # and/or mail stop)			
City	State	Zip Code	Country Name
Work Phone Number		Work FAX Number	

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Nominee Signature Date (mm/dd/yyyy)

**(Block 3)****Nominating Official Information**

Title (Select one):

 HOA PMA OMA

First Name (Full Legal Name Required)

Middle Name

Last Name

Generation Identifier
(Jr., Sr., III, etc.)

Organization Name (Agency/Bureau)

Work E-Mail Address

Organization Street Address (include room # and/or mail stop)

City

State

Zip Code

Country Name

Work Phone Number

Work FAX Number

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001)._____
Nominating Official Signature_____
Date (mm/dd/yyyy)**(Block 4)****Nomination Approval**

Title (Select one):

 PMA OMA SOApproving Official First Name (Full Legal Name
Required)

Middle Name

Last Name

Generation Qualifier
(Jr., Sr. III, etc.)

Organization Name (Agency/Bureau)

Work E-Mail Address

Work Phone Number

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge._____
Approving Official Signature_____
Date (mm/dd/yyyy)