PD F 5488 E
Department of the Treasury
Bureau of the Public Debt
Fiscal Service
(Revised June 2007)

Fiscal Service PKI Certificate Action Request
For Servers, Organizations, & Code Signing Certificates

(Before You Begin)

(Print Clearly Or Type All Information Except Signature)

(Block 1) Certificate Identity Type Requested

Select Only One (1) Type: ☐ Organization Identity ☐ System Component Identity ☐ Code Signing Identity

(Block 2) Certificate Action Requested

SELECT ONLY ONE (1) ACTION:

☐ **New PKI Certificate**

I REQUEST A CERTIFICATE, WITH THE FOLLOWING LEVEL OF ASSURANCE, BE ISSUED BY THE FISCAL SERVICE TO THE ORGANIZATION / SYSTEM COMPONENT / CODE SIGNER DESCRIBED IN BLOCK 3:

☐ SSL Server Certificate (Includes Code Signers and services requiring SSL/TLS connectivity [e.g., Web Servers])

☐ Enterprise Certificate

Level of Assurance **(Select one):**

☐ Basic (Sponsor identity may be established using trusted information in a secured database of user-supplied information. Private key may be stored on software.)

☐ Medium (Requires in-person proofing of the Sponsor and private key stored on hardware)

Other Information: _____

☐ **Recover PKI Certificate**

PLEASE RECOVER THE ORGANIZATION/SYSTEM COMPONENT / CODE **SIGNER CERTIFICATE HELD BY THE SPONSOR NAMED IN BLOCK 4 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):**

☐ Forgotten or Lost Password

☐ Entrust Profile Lost or Corrupted

☐ Organization / System Component / Code Signer Information has Changed [i.e., name, e-mail address, etc.]:

Info that has changed: _____

☐ Other Describe: _____

☐ **Revoke PKI Certificate**

PLEASE REVOKE THE ORGANIZATION / SYSTEM COMPONENT / CODE **SIGNER CERTIFICATE HELD BY THE SPONSOR NAMED IN BLOCK 4 BECAUSE OF THE FOLLOWING REASON (CHECK ONE):**

☐ Lost or Damaged Key Hardware Storage Module (HSM)

☐ Certificate No Longer Needed:

Reason: _____

☐ Certificate Compromised or Lost:

Date Certificate known to be compromised: _____/ _____/ _____ (mm/dd/yyyy)

(Block 3) Organization / System Component / Code Signer Information

Desired Common Name of Organization / System Component / Code Signer

System Component Description (general description [router, application server, etc.], make and serial number, location)

☐ Attribute Certificate

Attribute Name

Attribute Value

(Block 4) Sponsor Information

PLEASE NOTE: A SPONSOR MUST HAVE PREVIOUSLY BEEN ISSUED A VALID, MEDIUM ASSURANCE, INDIVIDUAL CERTIFICATE FROM THE FISCAL SERVICE CERTIFICATE AUTHORITY.

Sponsor First Name (Full Legal Name Required)	Middle Name	Last Name	Generation Qualifier (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 have read and understand the Fiscal Service Subscriber Agreement and my signature on this document is my agreement to abide by this Agreement as a Sponsor and the rules and policies of the Fiscal Service regarding the Agreement. As such, I understand that as a Sponsor, I am responsible for the installation, maintenance, and renewal of the certificate on behalf of the organization, system component, or code signing identity represented on this form.

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).

Sponsor Signature

Date (mm/dd/yyyy)

RESET