Application For Membership in the CertiPath Trust Community via Cross-certification with the CertiPath Bridge CA or Subordination under the CertiPath Root CA

Applicant's Date of Submission:

Approved by CertiPath PMA on:



1. Inforr	nation on	the	Applicar	nt's O	rganization
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Applicant Organization	
(Optional) Reason for Interest in Becoming a Member of the CertiPath Trust Community	
Applicant's Primary Contact	
Applicant's Secondary Contact	

2. Information on the Applicant's Service Level Request Type of Service Applied for:

Standard Serv	rice - Subordination to CertiPath's CRCA
	Please attach your CPS as Appendix A
Premium Servi	ce - Cross-certification to CertiPath's CBCA
	Please attach your CP as Appendix A
Bridge Service	- Cross-certification of a Bridge CA to the CBCA
	Please attach your CP as Appendix A
Is this request for IceCAP (PIV-I)	Certification? No Path Certified Credential Provider (3CP) Certification?
	y: Are you interested in encryption/escrow functionality compliant detailed in the CertiPath Key Recovery Policy? ¹
escrowing in c submitted to C No	ability to issue encryption certificates and will perform key onformance with CertiPath requirements. KRPS will be ertiPath for review. h to issue encryption certificates at this time. We agree not to
	on certificates with an OID that has been or will be mapped to a

¹ You can find the CertiPath Key Recovery Policy at https://certipath.com/pdfs/PMA/20220222_CertiPath-KRP_v1.6_signed.pdf

² If this option is elected, your audit must include an audit of the implementation of the KRPS. This option can be added at a later date (after cross-certification is achieved) if desired.

Bridge Service applicants should provide their Key Recovery Policy (if supported) for implementation of encryption certificates. Clearly describe mechanisms used to enforce KRP/KRPS capabilities. If Key Recovery is not supported by the Bridge, state that KRP/KRPS is not applicable.

3. Information on the Applicant's PKI Architecture *Please attach a diagram of your CA architecture as Appendix B*

Technical Considerations: List specific technical aspects of your CA

Security Considerations: *Provide information concerning the security architecture protecting your CA*

4. Information on the Applicant's Directory Architecture

Describe your directory structure and how you will accomplish interoperability with CertiPath's directory. *Please attach a diagram of the Directory Schema as Appendix C*

Describe how you will ensure proper namespace control for distinguished naming.

5. Information on the Applicant's Credential Management Architecture (IceCAP Applications only)

This section is applicable to organizations seeking IceCAP certification. All others should mark this section N/A, and proceed to section 6.

Premium and Standard Service Applicants

Bridge Service Applicants

6. Information on the Applicant's Auditing Practices

 \boxtimes $\;$ We will employ the services of an Independent Third Party Audit Firm

We will utilize the services of a Corporate Internal Auditor sufficiently organizationally independent as to meet the requirements of the CertiPath CP Section 8.3.

Audit Organization Name

Lead Auditor

Staff Auditor(s)

Relationship

7. Information on the Certificate Policy Mapping

Please select the mapping(s) you wish to pursue between the certificate levels of assurance covered under your CP or CPS, and those set forth in CertiPath's CP and listed below:

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Medium Software	IceCAP Hardware
Medium Hardware	IceCAP Card Authentication
High Hardware	IceCAP Content Signing
Medium Software CBP	
Medium Hardware CBP	
High Hardware CBP	
Medium Device Software	
Medium Device Hardware	

8. Documents Attached (Please verify your CP/CPS is in RFC 3647 Format)

Check all that apply

Appendix A: *Premium and Bridge Applicants* - Certificate Policy

Appendix A: *Standard Applicants* - Certification Practices Statement

Appendix B: CA Architecture Diagram

Appendix C: Directory Schema

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Appendix D: Key Recovery Practices Statement (optional)

Appendix E: *Bridge Applicants Only* – Applicant Bridge Criteria and Methodologies

9. Signature

The undersigned is a duly authorized official of the Applicant's Organization and by signing this application confirms that all information within is correct and accurate.

X _____

Date: _____