

ROSS MILLER Secretary of State 101 North Carson Street, Ste. 3 Carson City, Nevada 89701-3714 (775) 684-5708

Website: www.nvsos.gov

Application for Designation of a Recognized Repository

(PURSUANT TO NRS CHAPTER 720 AND NAC CHAPTER 720)

Page 1 of 3

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Instructions:

- 1. Please complete this application fully. Blanks or fragmented information will delay the processing of this application significantly.
- 2. With this application please include the license fee of \$1,000.00 Checks are payable to "Nevada Secretary of State." If paying by credit card please use the "Credit Card Checklist" form included with this application.
- 3. Please print, type or use the Adobe Reader to fill out this form.
- 4. If the Secretary of State determines that an investigation fee is necessary pursuant to NAC 720.810, you will be notified as to the amount.

Questions or comments can be directed in the following manner:

Mailing Address	Website	Phone and Fax	Email
Nevada Secretary of State Digital Signature Administrator 101 N. Carson Street, Suite 3 Carson City, NV 89701-3714	http://www.nvsos.gov/index.aspx?page=180	Phone: (775) 684-5708 Fax: (775) 684-5725	sosmail@sos.nv.gov

For Office Use Only:

Filed on:	
Ву:	
Number:	
Verified by:	
Expiration Date:	
Comments:	



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Certifying Authority Information:				
Name of Certifying Authority Operating the Repository				
Mailing Address Including State, Zip Code, and Country	Physical Address (If different from mailing address)			
Name of Contact	Daytime Phone			
Email				
Is the Certification Authority licensed in Nevada? Yes No If YES, list license number(s) and date(s) of issue				
If NO, is the Certifying Authority an applicant to be licensed in Nevada? Yes No If YES, provide name under which application is being made				
Repository Information:				
Name of Repository				
Mailing Address Including State, Zip Code, and Country	Physical Address (If different from mailing address)			
Name of Contact	Daytime Phone			
Email				



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Written description of computer hardware, software, and database used

Please provide a list of all Certification Authorities publishing certificates

Check for \$1,000.00 made payable to the "Nevada Secretary of State"

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Signature of Applicant:		
X	Date	
Signature		
Printed Name	Title	
Attachment Checklist:		
Attached Item (check all that are attached to this application)	Reference	

Please mail this application with all attachments to:

in the operation of this repository

in this repository

Credit Card Checklist

License Fee

Nevada Secretary of State Digital Signature Administrator 101 N. Carson Street, Suite 3 Carson City, NV 89701-3714

You will receive confirmation of receipt of this package by email. The email used will be the one listed on page 2 of this application under the heading "Certifying Authority Information" from the Digital Signature Administrator.

NAC 720.660

NAC 720.650 (1) (b)



Cardholder Signature

ROSS MILLER Secretary of State 202 North Carson Street Carson City, Nevada 89701-4201 (775) 684-5708 Website: www.nvsos.gov

Credit Card Checklist

(For Counter, Fax and Mail Requests)

Service Type: Counter Mail	Fax	USE BLACK INK ONLY - DO NOT HIGHLIGHT			
Order Processing Requested:					
The state of the s					
Regular Processing (Expe	edite Processing Requi	res Additional Fees)			
24-HOUR Expedite 4-HOUR Expedite 2-HOUR Expedite 1-HOUR Expedite (if available)					
Card Type: (Mark one box)					
VISA MasterCard	Discover	American Express			
Customer Credit Card Number:		V CODE*			
* 2 digit growth or found on the		A, MasterCard and Discover cards			
	front right side of American Exp				
NOTICE: For security and verification purposes, all credit card payments must include the 3 or 4-digit CVV2 code (V Code) number located on the credit card. Failure to include this code will result in the rejection of your filing or service request.					
Expiration Date: Month	Year				
Amount: USD \$					
Subject Name/Order Reference:					
Cardholder Information:					
Name as it Appears on the Account					
Billing Address					
City, State, Zip					
Telephone					
<u>Payment Authorization:</u> I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account:					
X	N	ot to Exceed Amount: USD \$			