BARBARA K. CEGAVSKE
Secretary of State
101 North Carson Street, Suite 3
Carson City, Nevada 89701-3714
(775) 684-5708
Website: www.nvsos.gov

Application for Certification Authority License

(PURSUANT TO NRS CHAPTER 720 AND NAC CHAPTER 720)

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 202 N. Carson Street, Carson City, NV 89701	http://www.nvsos.gov/index.aspx?page=180 All applicable regulations and statutes are available on this site.	Phone: (775) 684-5708 Fax: (775) 6684-7141	nvnotary@sos.nv.gov

For Office Use Only:

Filed on:

By:

Number:

Verified by:

Expiration Date:

Comments:

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Certifying Authority Information:

Name of Certifying Authority

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Certifying Authority's Website

Nevada Registered Agent Information:

Name of Nevada Registered Agent

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Background Information:

1. Has this Certification Authority previously been licensed in the State of Nevada? ☐ Yes ☐ No

If YES, list previous license number(s) and date(s) of issue

2. Is this Certification Authority a government entity? ☐ Yes ☐ No

If YES, provide government name and address

3. Does the Certification Authority wish to have its foreign license recognized by the State of Nevada? ☐ Yes ☐ No

If YES, attach certified copy of license.

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Repository Information:

Name of Repository

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Repository's Website

This repository is operated by (or will be operated by): ☐ Applicant ☐ Other

If "Other" please provide name and contact information of operating entity

Nevada Repository License Number (Not necessary if application for repository licensure is being made concurrent with this application)

Insurance Information:

Name of Insurance Company

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

License number or copy of document authorizing this insurance company to do business in Nevada

Misc. Information:

Restrictions: Please describe any requested restrictions of the license being applied for (if necessary, attach additional information)

Judgments: Please list any judgments filed against the CA within the last five (5) years

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Signature of Applicant:

X _____

Signature

Date

Printed Name

Title

Attachment Checklist:

Attached Item (check all that are attached to this application)	Reference
☐ Certification Practice Statement	NAC 720.360
☐ Audit Report or Summary of Audit Report	NAC 720.320
☐ List and Declarations of Operative Personnel Employed by the CA	NAC 720.340
☐ Proof of Insurance	NAC 720.290
☐ License Fee	NAC 720.430
☐ Certified Copy of Foreign License	NAC 720.420
☐ Proof of Identity	
☐ Credit Card Checklist	
☐ Check for $1,000.00 made payable to "Nevada Secretary of State"	

Please mail this application with all attachments to:

Nevada Secretary of State
Digital Signature Administrator
202 N. Carson Street
Carson City, NV 89701

PRINT

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

250402

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Credit Card Checklist

(For Counter, Fax and Mail Requests)

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Service Type: ☐ Counter ☐ Mail ☐ Fax

Order Processing Requested:

☐ Regular Processing **(Expedite Processing *Requires* Additional Fees)**

☐ **24-HOUR** Expedite ☐ **4-HOUR** Expedite (if available) ☐ **2-HOUR** Expedite ☐ **1-HOUR** Expedite

Card Type: (Mark one box)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Customer Credit Card Number: V CODE*

RESET Credit Card

* 3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

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

Payment Authorization: *I authorize the Secretary of State to bill an amount not to exceed the following to be charged to the above listed account:*

X

Cardholder Signature

Not to Exceed Amount: **USD $**

Reset **PRINT**