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|  | |  | | --- | | **SERVER SUPERVISOR** | | REGISTRATION | | STCA 2 | |
| **COMPANY** | |
| *The following must be sufficient to clearly identify the company for which the Server Supervisor works.*   |  |  | | --- | --- | | Company name | Enter text | |  |  | | |
| **SERVER SUPERVISOR INFORMATION** | |
| |  |  | | --- | --- | |  |  | | Last name | Enter text | |  |  | | First name | Enter text | |  |  | | Functions | Enter text | |  |  | | Contact |  | |  |  | | Phone number | Enter phone number | |  |  | | Email | Enter email | |  |  | | |
| **AUTHENTICATION METHOD** | |
| *The questions and answers are to be defined by the Server Supervisor. These questions must be answered personally by the Server Supervisor and be stable over time. These questions will be asked to the applicant for a revocation request of a certificate under their responsibility.  The answers provided by the applicant will be used to authenticate them.*  *The answer to these questions will be asked by the Registration Authority by phone or mail, on receipt of this document.* ***Therefore, the following questions SHALL NOT be answered on this document.***   |  |  | | --- | --- | |  |  | | Question 1 | Enter text |  |  |  | | --- | --- | |  |  | |  |  | | Question 2 | Enter text |  |  |  | | --- | --- | |  |  | |  |  | | Question 3 | Enter text |  |  |  | | --- | --- | |  |  | |  |  | | Question 4 | Enter text | | |

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| **COMMITMENT** |
| The Server Supervisor, designated hereinabove by the Certificate Representative who signs this form, is:   * The responsible of the emission of a certificate operation (request, revocation, …) to the Certificate Representative. * The responsible of the usage of any issued certificate and the associated keypair. * Authorized to request a certificate revocation (for one issued under them or the former Server Supervisor). * Committed to inform the Certificate Authority of any change for the usage of a non-expired certificate. |
| **SIGNATURES** |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | |  | | Server Supervisor  *By singing this document I accept all the requirements defined in the section hereinabove.* | | Name | | Enter text | | Date | | Select date | | Signature *(preferably export the doc to pdf and electronically sign it)* | |  | |  | | |  | | --- | |  | | Certificate Representative  *By singing this document I authorize the person designated here to be Server Supervisor under my supervision.* | | Name | | Enter text | | Date | | Select date | | Signature *(preferably export the doc to pdf and electronically sign it)* | |  | |  | |  | |  |  |  | |

*According to the French Data Protection Act of January 6, 1978, you have the right to access, modify, correct and delete your personal data. To exercise this right, please contact the Certificate Authority by send a mail at the address stca2@frenchsys.com. Consider the Certificate Authority might be unable to provide the expecting service if identification information is missing.*