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|  | |  | | --- | | **CERTIFICATE REPRESENTATIVE** | | REGISTRATION | | STCA 2 | |
| **COMPANY** | |
| *The following must be sufficient to clearly identify the company for which the Certificate Representative works.*   |  |  | | --- | --- | | Company name | Enter text | |  |  | | | |
| **CERTIFICATE REPRESENTATIVE INFORMATION** | |
| |  |  | | --- | --- | |  |  | | *The following are mandatory except the “Generic email”. You can use this case to add generic email as entry point for information.*  *If you want to have a second Certificate Representative as a second entry point, please made a dedicated Registration form for this person.* | | |  |  | | Last name | Enter text | |  |  | | First name | Enter text | |  |  | | Functions | Enter text | |  |  | | Contact |  | |  |  | | Phone number | Enter mobile phone number | |  |  | | Email | Enter email | |  |  | | Generic email | Enter generic email if required | |  |  | |  |  | | |
| **AUTHENTICATION METHOD** | |
| *The questions and answers are to be defined by the Certificate Representative. These questions must be answered personally by the Certificate Representative 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 Certificate Representative, designated hereinabove by the Client Representative who signs this form, is:   * The only interface for the STCA service between the Certificate Authority and its company. * The validator of any request sent toward the Certificate Authority (certificate request, revocation request, certificate user registration, …). * Responsible for the information and documents provided to the Certificate Authority. * Responsible for the designation of any Server Supervisor. * Authorized to request a certificate revocation (for one issued under them or the former Certificate Agent). * Committed to inform the Registration Authority of any change for its position (whenever them leave the job). * Committed to inform the Certificate Authority of any change in an ongoing file of its responsibility. |
| **SIGNATURES** |
| |  |  |  | | --- | --- | --- | |  |  |  | | |  | | --- | |  | | Certificate Representative  *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)* | |  | |  | | |  | | --- | |  | | Client Representative  *By singing this document I authorize the person designated here to be Certificate Representative 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.*