STATE OF WASHINGTON
SECRETARY OF STATE

Digital Signature Program

Washington Electronic Authentication Act

See attached detailed instructions

☐ **Filing Fee First Year $1400.00**

☐ **Filing Fee $2800.00 Biennial Renewal (2-Yr)**

This Box For Office Use Only

Number:

CERTIFICATE AUTHORITY LICENSE APPLICATION

Chapter 19.34 RCW

SECTION 1

NAME AND ADDRESS OF CERTIFICATION AUTHORITY SUBMITTING THIS APPLICATION:

Name: _____

Physical Location Address ***(required)***:

_____

City _____ State_____ Zip Code_____

Mailing or Postal Address ***(optional)***:

_____

City _____ State_____ Zip Code_____

SECTION 2

HAS THIS CERTIFICATION AUTHORITY PREVIOUSLY BEEN LICENSED IN WASHINGTON?

☐ YES ☐ NO If yes, provide previous license number(s) and date(s) of issue:_____

IS THIS CERTIFICATION AUTHORITY A GOVERNMENT ENTITY?

☐ YES ☐ NO If yes, provide name of government unit:_____

IS THIS CERTIFICATION AUTHORITY LICENSED IN ANOTHER JURISDICTION?

☐ YES ☐ NO If yes, provide name of jurisdiction and license number:_____

DOES THIS CERTIFICATION AUTHORITY WISH TO HAVE ITS FOREIGN LICENSE RECOGNIZED BY THE STATE OF WASHINGTON? ☐ YES ☐ NO

SECTION 3

NAME OF REPOSITORY USED BY THIS CERTIFICATION AUTHORITY:

Name: _____

THIS REPOSITORY IS OPERATED BY (or will be operated by)

☐ Applicant _____ ☐ Other _____

WASHINGTON REPOSITORY LICENSE NUMBER: _____

(Not necessary if application for repository recognition is being made concurrent with this application)

SECTION 4

TYPE OF SUITABLE GUARANTEE ISSUED TO THIS CERTIFICATION AUTHORITY:

☐ Surety Bond ☐ Irrevocable Letter of Credit

Type of Surety: _____ (e.g. Insurance Company, Bank)

Name and Address of Surety:

Name: _____

Address: _____ City _____ State _____ Zip Code _____

Email: _____ Phone: _____

SECTION 5

RESTRICTIONS *(describe any requested restrictions of the license being applied for (attach if necessary):*

_____

_____

JUDGMENTS: *(Please list any and all judgments filed against this CA within the last 5 years (attach if necessary) :*

_____

_____

SECTION 6

ATTACHMENTS *(Please indicate that the following required items are attached)*

☐ Certification Practice Statement in Paper **and** Electronic Format

☐ Audit Report **and** Summary of Audit Report in Paper **and** Electronic Format

☐ List of Operative Personnel Employed by the Certification Authority

☐ Copy of Certification for each listed Operative Personnel ☐ **License Fee**

SECTION 7

APPLICANT SIGNATURE *(see instructions page)*

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X _____

Signature Printed Name/Title Date Phone Number

INSTRUCTIONS – CERTIFICATION AUTHORITY LICENSE APPLICATION

Please complete all sections of the Certification Authority License Application. **USE DARK INK ONLY.** For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps

SECTION 1:
Enter the name and address of the Certification Authority Submitting this application.

SECTION 2:
Answer "Yes" or "No" to each of the questions. If you answer "Yes" please provide or attach a description.

SECTION 3:
Provide the name of the Repository, how the Repository is to be operated, and provide the Washington Repository License Number.

SECTION 4:
Provide the type of guarantee, bond or letter of irrevocable credit, and the name and address of the surety.

SECTION 5:
Describe any restrictions requested at the time of application and list any judgments filed within the last five (5) years. *(Attach if necessary)*

SECTION 6:
Required attachments. Use Section 6 as a check list for required attachments to this application

SECTION 7:
Affirmation of applicant. Provide the Signature, Printed Name, Title, Date and Phone Number of the person authorized to submit this application.

Additional Information:
If you have questions about the Certification Authority License Application please contact our office at 360-725-0310.

FEES: The initial filing fee for the Certification Authority License is $1400.00. Subsequent two (2) year biannual renewals are $2800.00 beginning before the first anniversary of the Certification Authority License.

Mail completed forms and payment to:
Secretary of State
Corporation Division
801 Capitol Way S
PO Box 40234
Olympia WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps or call 360-725-0377.

Print Form