



**STATE OF WASHINGTON
SECRETARY OF STATE**

Ralph Munro, Secretary of State

**APPLICATION FOR CERTIFICATION
AS DIGITAL SIGNATURE
OPERATIVE PERSONNEL**

Per Chapter 19.34 RCW – The Washington Electronic Authentication Act

FEE: \$25

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

DIGITAL SIGNATURE PROGRAM
505 E. UNION • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

FOR OFFICE USE ONLY

FILED: / /	
NUMBER:	

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APPLICANT NAME AND ADDRESS	
First _____ Middle _____ Last _____	
Home Address _____	
City _____ State or Country _____ ZIP or Postal Code _____	
HOME TELEPHONE (w/ area code)	DATE OF BIRTH (Month/Day/Year)
OTHER NAME(S) OR ALIAS(ES) PREVIOUSLY USED, INCLUDING MARRIED OR MAIDEN NAME(S)	
COUNTRIES OTHER THAN THE UNITED STATES WHERE YOU HAVE RESIDED IN THE LAST FIVE (5) YEARS	
HAVE YOU EVER BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY) INVOLVING FRAUD, FALSE STATEMENT OR DECEPTION? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes, please explain:</i>	
HAVE YOU BEEN CONVICTED OF ANY FELONY WITHIN THE LAST FIFTEEN (15) YEARS? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If Yes, please explain:</i>	
I HAVE ATTACHED THE FOLLOWING REQUIRED DOCUMENTS	
<input type="checkbox"/> Operative Personnel Certification Exam Results	
<input type="checkbox"/> Washington State Patrol Background Check Report	
<input type="checkbox"/> Private Investigator's Background Check Report	

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If you are currently employed by a Certification Authority or Repository, please complete the following section

Name of Certification Authority or Repository _____
Business Address _____
City _____ State or Country _____ ZIP or Postal Code _____
Business Telephone (including area code) _____

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AFFIRMATION OF APPLICANT		
<i>I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct</i>		
Signature _____	Printed Name _____	Date & Place _____