

State of Illinois
Department of Central Management Services
PKI OUT OF STATE CERTIFICATE APPLICATION

Part I — Requestor Information

***- Required fields**

Name entered below must match Drivers or State Identification Card

*Last Name	* First Name

Middle Name	* Date of Birth (mm/dd/yyyy)

*State Abbreviation	& Drivers or State Identification Card #

*E-Mail Address

Office Address / Phone	
Street:	
City:	State:
Zip:	Phone: 10 digits

* Home Address / Phone Must match the Drivers or State Identification Card provided above	
Street:	
City:	State:
Zip:	Phone: 10 digits

***Question and Answer (for security)**

The question and answer should be easy for you to remember but unlikely for anyone else to guess.

Example: <i>What was the name of my first childhood pet?</i>	Example: <i>Sugar</i>
YOUR QUESTION	YOUR ANSWER

I, the undersigned, am hereby advised and understand that State law strictly forbids my use of State of Illinois data processing facilities or resources for any purpose other than Official State business. Any unauthorized usage of State data processing facilities or resources will be cause for severe disciplinary action.

Further, I understand that data processing facilities or resources include, but are not limited to, mainframe, intranet or internet access, Personal Computers (PC's) or distributed data processing (DDP) computer equipment used in some aspect of data processing including terminals (irrespective of geographic location), software of any type, and/or programming. Further, I understand that Illinois statute and Certificate Authority policy prohibits disclosure or discussion of any State customer information or other confidential information with anyone outside the proper authorization level.

Further, I am hereby advised and understand the requirements for non-disclosure of any confidential retention of all passwords or password information acquired by me whether such information pertains to my individual password or the password(s) of others. I will exercise diligence in the safekeeping of password information and will report unauthorized disclosure promptly to the State Certificate Authority.

/ /

*** Requestor's Signature** Date (mm/dd/yy)

*** Notary Name** *Printed*

/ /

*** Notary Signature** Date (mm/dd/yy)

NOTARY STAMP or SEAL

Part II — Approval/Authorization

Received By: / /

CMS LRA Signature: / /

Office Use Only Date (mm/dd/yy)

Mail form to the following address:
 Illinois Dept. of Central Management
 Services Cyber Security, PKI
 201 W. Adams St.
 Springfield, Il 62704-1874

PKI OUT OF STATE CERTIFICATE APPLICATION

Fillable Document

Entry Descriptions

LAST NAME	Requestor's Legal Last Name
FIRST NAME	Requestor's Legal First Name
MIDDLE NAME	Requestor's Entire Middle Name
DATE OF BIRTH	Requestor's Birth Date in MM/DD/YYYY (month/day/year) Format
STATE DRIVERS/IDENTIFICATION CARD NUMBER	Requestor's Card Number & State of Issuance
WORK EMAIL	Requestor's Work related E-mail Address
OFFICE ADDRESS & PHONE NUMBER	Requestor's Office Address And Phone Number
HOME ADDRESS & PHONE NUMBER	Requestor's Home Address And Phone Number
QUESTION for SECURITY	One Question that the Requestor would know the answer to but no one else would
ANSWER	The Answer to the Question above that the Requestor would Always Remember
REQUESTOR'S SIGNATURE & DATE	Requestor Must Read, Sign and Date The Security Disclosure Statement For All Options Except Delete
NOTARY NAME – PRINTED	The Name of the Notary that inspected the document and can verify the identity of the person filling out the application. (Printed)
NOTARY SIGNATURE & DATE	Notary's signature that validated the information and Date.
NOTARY STAMP or SEAL	The stamp or seal of the Notary that inspected the document. <i>Stamp or seal required</i> <u>unless you live in Connecticut, Kentucky, Louisiana, Maine, Michigan, New Jersey, New York, Rhode Island and Vermont.</u> However, a notary signature is still required.
CMS LRA SIGNATURE & DATE	The signature of the CMS LRA that will add the person to the system. This is for internal CMS office use only.