

FACILITY ACCESS CARD (FAC) APPLICANT IDENTITY VERIFICATION

This form provides evidence that the authorized Applicant's identity has been verified, and will be completed in its entirety and signed by the Applicant and the Registrar. The Registrar will personally verify the Applicant's identity including any information to be included in the certificate and on the Judiciary Facility Access Card (FAC). The Registrar will record the process that was followed for issuance of each certificate. The process documentation and authentication requirements will include the following:

- The identity of the Registrar performing the identification
- Applicant name and Applicant email address
- A scanned facsimile of the ID(s)
- The date and time of the verification.
- A signed declaration that he or she verified the identity of the Applicant as required by this policy
- A declaration of identity signed by the Applicant using a handwritten signature. Identity proofing will be performed in the presence of the Registrar performing the identity authentication

The Registrar will maintain records for all Applicants. Copies of the identification information including any biometric information about the Applicant will be recorded, attached to the application or stored by the IDMS/CMS, and maintained by the Registrar. Such information includes fingerprints and photographs or other physical characteristics. Once the identity of the Applicant/Cardholder has been verified, the signed identity verification form and attached photocopies will be archived for a minimum 10.5 years, for audit purposes, by the party verifying the identity of the Applicant/Cardholder.

Credential Type: *(Select one)*

- Initial Card Issuance Certificate Recovery Information Update
 Card Revocation Card Renewal Card Reissuance

Applicants Declaration of Identity:

Applicants Printed Name: _____
(First , Middle Initial, Last)

Work E-mail Address: _____

Business Address: _____

City State Zip

Business Phone Number: _____

Date of Birth: _____ Gender: _____

I hereby represent under penalty of perjury as set forth in 28 U.S.C. 1746 of the US Code that all above information is true and accurate.

Applicant's Signature: _____
(To be signed in the presence of the Registrar)

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Witness (Registrar):

I hereby declare under penalty of perjury as set forth in 28 U.S.C, Section 1746, of the U.S. Code that on this *(date)* _____, the applicant named _____ personally appeared before me as the signer and subject of the above form, who signed or attested to the same in my presence, and presented the two forms of identification as proof of his or her identity, which were scanned into the IDMS enrollment station.

Registrar:

By signing below, the undersigned Registrar affirms under penalty of perjury as set forth in 28 U.S.C. 1746 of the US Code that he or she has personally:

1. Verified the eligibility of the Applicant to receive the FAC;
2. Received, and reviewed the required Identity Verification Documents;
3. Verified the identity of the Applicant in accordance with procedures;
4. Witnessed the Applicant signed this form.

I affirm that the foregoing is true and correct.

Registrar's Title: _____

Printed Name: _____

(First, Middle Initial, Last)

Signature: _____

Date signed: _____

Time signed: _____

FACILITY ACCESS CARD (FAC) CARDHOLDER AGREEMENT **Certificate of Acceptance and Acknowledgment of Responsibilities**

Purpose:

Your organization has subscribed to certain FAC authentication, encryption and digital signature services. Accordingly, as an employee or contractor, you have been authorized to receive a FAC Card with digital certificates and corresponding public keys and private keys. The private keys will enable you to authenticate yourself to gain access to facilities or systems, digitally sign documents, and to decrypt data that has been encrypted for you. Other persons, organizations and/or applications will use the corresponding public keys to authenticate you for access control purposes, to verify your digital signature, or to encrypt data so only you can decrypt it.

Credential Type: *(Select one)*

- Initial Card Issuance Certificate Recovery Information Update
 Card Revocation Card Renewal Card Reissuance

Certificate Accepted By (Cardholder):

Cardholder's Name: _____

Unique Identification (Scanned in IDMS): _____

Organization (Unit): _____

Work Email Address: _____

Work Telephone Number: _____

Your Obligations:

As FAC Cardholder, you agree to the following:

1. You will comply with Your organization's security policies, rules and regulations regarding the use of the FAC which includes the protection and safeguarding of FAC and PIN code in a secure manner and in a manner including:
 - FACs will be protected when not in use (e.g., on your person, in a locked drawer, etc.),
 - Once activated (the PIN code has been entered), your FAC will not be left unattended until it is deactivated (e.g., removed from the reader),
 - PIN codes will not be shared or divulged to others
 - PIN codes shall be memorized and will not be recorded
 - FACs and/or PIN codes will not be lent, shared or provided to others
2. You will use the FAC provided to you by your organization only for business-related transactions;
3. You acknowledge that the use of a FAC private key will be deemed to be an acceptance of the related public key and associated certificate;
4. As soon as you become aware of, or suspect the compromise of your FAC or PIN code you will promptly report this to your organization.
5. You will make true representations at all times regarding the information in your FAC and the information provided to your employer. You will notify your employer if your personal information changes (name change, organization change, email address change, etc.) throughout the duration of your use so the FAC information is correctly updated; and

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6. You agree to use the FAC card in accordance with Federal law and the Federal Bridge certification Authority (FBCA) certificate Policy. You consent to the retention and use of all personal information that you submit to permit the CA and your employer to comply with any obligations arising under the FBCA Certificate Policy.

Revocation of FAC or Digital Certificates on the Card

Your FAC or any of its certificates may be revoked at any time and without notice. The reasons for such revocation include, but are not limited to, the following:

- Your FAC is lost, stolen, or suspected of having been compromised
- Your FAC private keys or certificates become unavailable and no recovery is possible
- Your identifying information contained in the FAC digital certificates is no longer valid
- You are suspected of fraud or other adverse behavior
- You violate this FAC Cardholder Agreement

Cardholder:

I have read and understand this PIV-I Cardholder Agreement. I agree that I will abide by the terms and conditions of this PIV-I Cardholder Agreement and will meet my obligations as set forth therein. I acknowledge receipt of the PIV-I Card and I affirm that the foregoing is true and correct.

Cardholder's Employer: _____

Printed Name: _____

Signature: _____ Date: _____

Issuing Officer:

By signing below, the undersigned Issuing Officer certifies under penalty of perjury as set forth in 28 U.S.C. 1746 of the U.S. Code that he or she has personally: (1) verified the eligibility of the Applicant to receive a PIV-I Card and certificates; (2) verified the identity of the Applicant in accordance with procedures in the Guide to Trusted Roles for the PIV-I Managed Service, (3) witnessed the Applicant sign this form. I affirm that the foregoing is true and correct.

Issuing Officer's Title: _____

Printed Name: _____

Signature: _____

Date: _____ Time: _____