# EV CERTIFICATE REQUEST FORM

An Extended Validation (EV) Certificate Request Form (this document) must be completed and submitted to SSL.com prior to the issuance of any EV SSL Certificate, or EV Code Signing Certificate. Use this form to notify SSL.com of the desired Designated Name (DN) for your Extended Validation certificate(s). Bolded items will appear in the DN provided that SSL.com can find Qualified evidence to support the entry.  By signing below, you acknowledge that SSL.com may update the DN entries to match the evidence and/or industry regulation.  If unique information (excluding the domain name) is required, use a separate request form for each EV Certificate.

**Organization Name**: _____
*The formal legal name and address as recorded or specified with the Incorporating Agency.*
Address: _____
**City**: _____
**State** (or Province): _____
Postal code (zip code): _____ **Country**: _____
Main telephone number: _____
Assumed Name (optional): _____
*Applicant may include an assumed name (e.g., Trademark name or DBA) in the EV Certificate, as long as the assumed name is registered in the jurisdiction of applicant's place of business.*

Incorporation or Registration Agency: _____
**Registration Number** (or date of registration):  _____
*As designated by the Incorporating Agency*
Jurisdiction of Incorporation City or Town (if any):  _____
State or Province of Incorporation (if any): _____
**Country/Territory** of Incorporation: _____

## Domain Name(s) (one per line)**:**
*Each domain name will require the validation and issuance of its own independent EV Certificate.*
**Code Signing orders enter "N/A".**

_____
_____
_____
_____
_____


## Certificate Requester

Name: _____
Title or Position:  _____
*The Certificate Requester must be on the approved list of Applicant Roles given in the EV Certificate Subscriber Agreement*

I hereby confirm that the information submitted is correct and true, and that this Request is made on behalf of the above-named Organization/Applicant.


Signature: _____ Date: _____