

<i>Official Use Only</i>	
Rx Date	
OA Policy	
sub-policy	
OA Assurer	
Date	
Result	Approved Declined



CACert Organisation Assurance Program
Application (COAP) Form

CACert Inc. -P.O. Box 4107– Denistone East NSW 2112 – Australia
<http://www.CAcert.org>

Organisation Legal Entity	
Alias(es) Trading Name(s) or DBAs (for assurance)	
Unique Identifier Authority issued identifier and type	
Licensing Authority Authority under which entity exists state/province/country	
Domain Name(s) Domain(s) owned by entity (for assurance)	
Registered Office full Official Address and Primary Phone	
Organisation Contact Name, Title, Phone & CACert Email	
Organisation Administrator Name, Title, Phone & CACert Email	
Organisation Administrator Name, Title, Phone & CACert Email (optional)	

- I have read, understood and agree to the terms of the CACert Community Agreement, including CACert's jurisdiction & dispute resolution process and the handling of my data in accordance with policies in force.
CACert Community Agreement <http://www.cacert.org/policy/CACertCommunityAgreement.php>
Dispute Resolution Policy <http://www.cacert.org/policy/DisputeResolutionPolicy.php>
- I hereby declare that all information provided is complete and accurate and will notify CACert of any updates or changes to contact or administrator.
- I am duly authorised to act on behalf of the legal entity, request that the Organisation Assurer verify the Organisation according to the Organisation Assurance Policy and applicable sub-policy(s), and grant administration privileges to the specified Organisation Administrator.

Applicant Signature Affix company seal if appropriate		dd/mm/yyyy
Assurer Signature		dd/mm/yyyy