



**FRANCISCO V. AGUILAR**  
**Secretary of State**  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701-3714  
(775)684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)

## Application for Designation of a Recognized Repository

(PURSUANT TO NRS CHAPTER 720 AND NAC CHAPTER 720)

**Page 1 of 3**

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

### Instructions:

1. Please complete this application fully. Blanks or fragmented information will delay the processing of this application significantly.
2. With this application please include the license fee of \$1,000.00. Checks are payable to "Nevada Secretary of State." If paying by credit card please use the "Credit Card Checklist" form included with this application.
3. Please print, type or use the Adobe Reader to fill out this form.
4. If the Secretary of State determines that an investigation fee is necessary pursuant to NAC 720.810, you will be notified as to the amount.

Questions or comments can be directed in the following manner:

Mailing Address	Website	Phone and Fax	Email
Nevada Secretary of State Digital Signature Administrator 202 N. Carson Street, Carson City, NV 89701	<a href="http://www.nvsos.gov/index.aspx?page=180">http://www.nvsos.gov/index.aspx?page=180</a>	Phone: (775) 684-5708 Fax: (775) 684-7141	<a href="mailto:nvnotary@sos.nv.gov">nvnotary@sos.nv.gov</a>

### For Office Use Only:

Filed on:

By:

Number:

Verified by:

Expiration Date:

Comments:



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### Certifying Authority Information:

Name of Certifying Authority Operating the Repository

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Name of Contact

Daytime Phone

Email

Is the Certification Authority licensed in Nevada? ☐ Yes ☐ No

If YES, list license number(s) and date(s) of issue

If NO, is the Certifying Authority an applicant to be licensed in Nevada? ☐ Yes ☐ No

If YES, provide name under which application is being made

### Repository Information:

Name of Repository

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Name of Contact

Daytime Phone

Email



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Signature of Applicant:

X

Signature

Date

Printed Name

Title

### Attachment Checklist:

Attached Item (check all that are attached to this application)	Reference
<input type="checkbox"/> Written description of computer hardware, software, and database used in the operation of this repository	NAC 720.660
<input type="checkbox"/> Please provide a list of all Certification Authorities publishing certificates in this repository	NAC 720.650 (1) (b)
<input type="checkbox"/> License Fee	
<input type="checkbox"/> Credit Card Checklist	
<input type="checkbox"/> Check for \$1,000.00 made payable to the "Nevada Secretary of State"	

Please mail this application with all attachments to:

Nevada Secretary of State  
Digital Signature Administrator  
202 N. Carson Street  
Carson City, NV 89701

You will receive confirmation of receipt of this package by email. The email used will be the one listed on page 2 of this application under the heading "Certifying Authority Information" from the Digital Signature Administrator.



FRANCISCO V. AGUILAR  
Secretary of State  
401 North Carson Street  
Carson City, Nevada 89701-4201  
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## ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

### Processing Requested:

- ☐ Regular      ☐ 24-HOUR Expedite      ☐ 4-HOUR Expedite (Apostille only)  
☐ 2-HOUR Expedite      ☐ 1-HOUR Expedite      ☐ Same Day (Domestic Partnership only)

### Order Information (required)

Entity Name/Order Reference: \_\_\_\_\_

Cardholder Name (as shown on credit card): \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Last 4 Digits of Credit Card: \_\_\_\_\_ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: \_\_\_\_\_

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

### Authorized Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_
2. Expiration Date: \_\_\_\_\_
3. Security Code\*: \_\_\_\_\_  
\*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards  
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!  
This section will be destroyed after the payment is processed.