



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

Application for Certification Authority License

(PURSUANT TO NRS CHAPTER 720 AND NAC CHAPTER 720)

Page 1 of 4

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	http://www.nvsos.gov/index.aspx?page=180 All applicable regulations and statutes are available on this site.	Phone: (775) 684-5708 Fax: (775) 6684-7141	nvnotary@sos.nv.gov

For Office Use Only:

Filed on:

By:

Number:

Verified by:

Expiration Date:

Comments:



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Certifying Authority Information:

Name of Certifying Authority

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Certifying Authority's Website

Nevada Registered Agent Information:

Name of Nevada Registered Agent

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Background Information:

1. Has this Certification Authority previously been licensed in the State of Nevada?

☐

Yes

☐

No

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

2. Is this Certification Authority a government entity?

☐

Yes

☐

No

If YES, provide government name and address

3. Does the Certification Authority wish to have its foreign license recognized by the State of Nevada?

☐

Yes

☐

No

If YES, attach certified copy of license.



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Repository Information:

Name of Repository

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

Repository's Website

This repository is operated by (or will be operated by): ☐ Applicant

☐ Other

If "Other" please provide name and contact information of operating entity

Nevada Repository License Number (Not necessary if application for repository licensure is being made concurrent with this application)

Insurance Information:

Name of Insurance Company

Mailing Address Including State, Zip Code, and Country

Physical Address (If different from mailing address)

Daytime Phone

Email

License number or copy of document authorizing this insurance company to do business in Nevada

Misc. Information:

Restrictions: Please describe any requested restrictions of the license being applied for (if necessary, attach additional information)

Judgments: Please list any judgments filed against the CA within the last five (5) years



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Signature of Applicant:

X

Date

Signature

Printed Name

Title

Attachment Checklist:

Attached Item (check all that are attached to this application)	Reference
<input type="checkbox"/> Certification Practice Statement	NAC 720.360
<input type="checkbox"/> Audit Report or Summary of Audit Report	NAC 720.320
<input type="checkbox"/> List and Declarations of Operative Personnel Employed by the CA	NAC 720.340
<input type="checkbox"/> Proof of Insurance	NAC 720.290
<input type="checkbox"/> License Fee	NAC 720.430
<input type="checkbox"/> Certified Copy of Foreign License	NAC 720.420
<input type="checkbox"/> Proof of Identity	
<input type="checkbox"/> Credit Card Checklist	
<input type="checkbox"/> Check for \$1,000.00 made payable to "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 from the Digital Signature Administrator. The email used will be the one listed on page 2 of this application under the heading "Certifying Authority Information."



FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

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.