

Approved Manufacturer Identification Form

Return by fax to +1-650-426-5252

Primary Contact

This is the person responsible for your device manufacturing system, who is authorized to be requesting that your Certificate(s) be signed under a governing body's (e.g. CableLabs, tComLabs) root (e.g. DOCSIS, PacketCable and Euro-DOCSIS), and who can submit the appropriate Certificate Signing Request form on behalf of your organization.

Name: _____
Title: _____
Company: _____
Department: _____
Street address: _____
City: _____
State: _____
Country: _____
Zip/Postal Code: _____
Email: _____
Telephone: _____
Fax: _____

Technical Contact

This can be the same as the primary contact, or it may be a person whom they designate as their technical representative.

Name: _____
Title: _____
Email: _____
Telephone: _____

Billing Contact

This is the person responsible for payment and notifying VeriSign of any billing changes, for example an accounts payable representative. This may also be the same as your primary contact.

Name: _____
Title: _____
Email: _____
Telephone: _____

Payment

Credit card

Type of card: Visa/MasterCard/American Express/Discover

Card number: _____

Expiration date: _____

Name on card: _____

Purchase Order

PO Number: _____

Please note that you must also fax a copy of your PO to 650-426-5252. Please include your organization's name on the cover sheet of the fax.

D-U-N-S Number

D-U-N-S Number: _____

If you do not know your company's D-U-N-S number, you can look it up at <http://www.dnb.com>. Alternatively, you can fax us your articles of incorporation, business license, or other suitable charter documents, which need to be delivered in English.

PKI Product Information CSR Distinguished Name Information

Initiative Root Name (e.g. DOCSIS, Euro-DOCSIS, PacketCable)

Name: _____

DOCSIS or Euro-DOCSIS

(Mfg. CA)

countryName=_____

[stateOrProvinceName=_____

[localityName=_____

organizationName=_____

organizationalUnitName=_____

[organizationalUnitName=_____

commonName=_____

(CVC)

c=_____

o=_____

ou=_____

cn=_____

PacketCable

(Mfg. CA)

CountryName=_____

OrganizationName=_____

[stateOrProvinceName]=_____

[localityName]=_____

organizationalUnitName=_____

[organizationalUnitName]=_____

commonName=_____