



CACert Assurance Programme Identity Verification Form

CACert Inc. - PO Box 66 - Oatley NSW 2223 - Australia - <http://www.CAcert.org>
CACert's Root Certificate fingerprints: A6:1B:37:5E:39:0D:9C:36:54:EE:BD:20:31:46:1F:6B and 135C EC36 F49C B8E9 3B1A B270 CD80 8846 76CE 8F33

To the Assurer: The CACert Assurance Programme (CAP) aims to verify the identities of Internet users through face-to-face witnessing of government issued identity documents. The Applicant asks you to verify to CACert.org that you have met them and verified their identity against one or more original, trusted, government photo identity documents. If you have ANY doubts or concerns about the Applicant's identity, DO NOT COMPLETE OR SIGN this form. For more information about the CACert Assurance Programme, including detailed guides for CACert Assurers, please visit: <http://www.CAcert.org>

As the assurer, you are required to keep the signed document on file for 7 years. Should Cacert Inc. have any concerns about a meeting taking place, Cacert Inc. can request proof, in the form of this signed document, to ensure the process is being followed correctly. After 7 years if you wish to dispose of this form it's preferred that you shred and burn it. You do not need to retain copies of ID at all.

It's encouraged that you tear the top of this form off and give it to the person you are assuring as a reminder to sign up, and as a side benefit the tear off section also contains a method of offline verification of our fingerprints.

Applicant's Statement

Names:	
Date of Birth: (YYYY-MM-DD)	
Email Address:	

I hereby confirm that the information stated above is both true and correct, and request the CACert Assurer (identified below) to verify me according to CACert Assurance Policy.

I agree to the CACert Community Agreement. (<http://www.cacert.org/policy/CACertCommunityAgreement.html>)

Applicant's signature: _____

Date (YYYY-MM-DD): 20__-__-__

CACert Assurer

Assurer's Name: _____

Photo ID Shown: (ID types, not numbers. eg Drivers license, Passport)

1. _____
2. _____

Location of Face-to-face Meeting: _____

Points Allocated: _____

I, the Assurer, hereby confirm that I have verified the Member according to CACert Assurance Policy.

I am a CACert Community Member, have passed the Assurance Challenge, and have been assured with at least 100 Assurance Points.

Assurer's signature: _____

Date (YYYY-MM-DD): 20__-__-__