

# Application 10B

## Third Party Digital Certificate Revocation Request Version 1.0

1. Please fill out this application form carefully. Mandatory fields are marked with a star sign (\*). If the application is incomplete or the information is inaccurate, the revocation request may not be accepted. If you have no information to fill in a section, please write N/A.
2. The information contained herein is strictly confidential and meant solely for the selected receipt.
3. The application must be signed with a valid digital certificate and sent to the receipt.

<b>Applicant:</b>	<b>Certificate Authority (CA):</b>
Full Name of Applicant / Company name *	Company name *
Contact details *	Contact details *
Applicant Identifier	Company Identifier

### Certificate Details:

Certificate RFC 3174 SHA1 Thumbprint
Certificate Serial Number *
Certificate Subject Distinguished Name *
Issuing Certificate Authority (Issuer Distinguished Name) *
Certificate Type *
<input type="checkbox"/> Object-signing Certificate (OSC) <input type="checkbox"/> Standard OSC <input type="checkbox"/> Extended Validation OSC
<input type="checkbox"/> SSL Certificate <input type="checkbox"/> Domain Validation (DV) <input type="checkbox"/> Organization Validation (OV) <input type="checkbox"/> Extended Validation (EV)

- Time-stamping Certificate
- S/MIME Certificate
- Qualified Electronic Signature
- Other: \_\_\_\_\_

Revocation Reason \*

- Unspecified
- Key Compromise
- CA Compromise
- Affiliation Changed
- Superseded
- Cessation of Operation
- Certificate Hold

Revocation Reason Brief Description \*

Date / Time / Location \*

Electronic Signature: \*