

## **What is being asked for? Why? How is FiXS® going to use this information?**

The fundamental capability provided by FiXS is the ability to authenticate individuals from different, unknown or uncertain organizational origin with a high-degree of accuracy, or “trust”, through a Federated Trust Model. The essential underpinnings of this Federated Trust Model are based on two inter-related parts: a trusted organization and a trusted individual identity. These two parts are linked through a “chain of trust” that can be authenticated and managed over a trusted network by other members using this Federated Trust Model. In order to initiate the FiXS “chain of trust”, an organizational entity asserts, supports, and sponsors a requirement for a credential to be issued to an individual. In order to validly make this assertion, the validity and “trustworthiness” of the organization making this assertion must first be substantiated.

FiXS consistently applies this “determination of trust” to all prospective members whether or not they intend to sponsor an individual’s credentials or be a network user. Another attribute of membership is the ability to participate in various FiXS forums, serve in various positions, as well as have access to FiXS intellectual property. Therefore, aside from the inherent efficiencies in having a consistent application process, it is imperative that all members of FiXS, regardless of network usage, be determined as “trustworthy”.

Accordingly, the FiXS membership application process is designed to establish this initial designation of trust. This process is substantially based upon the prescriptions of the U.S. Patriot Act of 2001. Similar to how the Patriot Act encourages financial institutions to collect certain data to identify customers and their transactions in case any of the activity should be flagged as “suspicious” by a government agency, the FiXS Trust Model identifies customers, or users, in transactions where they are asserting ones’ identity.

The organization “vetting” process is handled by one of the top background check screening companies in the United States providing secure and reliable authentication services. To ensure the utmost confidentiality and privacy protection, all information on this application is submitted directly to the vetting service via a secure facsimile or secure website. FiXS will only be provided basic organization identifying data pertaining to the organization applying for membership. All information will be retained in a secure location and only for as long as required by records retention statutes.

Full completion of the following Application form (Items I thru IV) facilitate the verification and authentication processes in ensuring the listed Company/Organization is eligible for FiXS membership and that the listed Owner, Key Executive or Authorized Company/Organization Signatory has the authority to act of behalf of the Company/Organization.

- 1. Please provide all required information and answer all application questions. Unanswered questions may impede the application process and result in delayed application evaluation. Please submit all necessary documents.**
- 2. Fax the completed application and related company/organization documents to:  
FiXS Vetting Service: 800-436-2730**
- 3. Please remit payment of the \$695 vetting service fee\* along with the applicable dues for your desired membership category to: The Federation for Identity and Cross-Credentialing Systems, Inc.,  
10300 Eaton Place, Suite 500  
Fairfax, VA 22030**

\*For Subscriber Membership ONLY the \$695 includes a vetting fee and first year dues. For All Other Member Classes annual dues are listed below.

*If you have any questions, please contact FiXS Membership Services at 703-591-9255.*

## I. Company/Organization Information

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Company/Organization Name \_\_\_\_\_ Point of Contact E-mail Address *(to confirm receipt)* \_\_\_\_\_

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Company/Organization Headquarters Street Address *(no P.O. Box)* \_\_\_\_\_

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

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Company/Organization Phone \_\_\_\_\_ Company/Organization Fax \_\_\_\_\_ Company/Organization Website \_\_\_\_\_

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EIN/TIN Number \_\_\_\_\_ Date Company/Organization Established (MM/YY) \_\_\_\_\_

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D-U-N-S® Number *(If you intend to use the FiXs Certified Credentials being issued to your employees to access a government installation, facility, or network application, it is **Mandatory** that your organization is registered in System for Award Management (SAM), this requires a D-U-N-S® Number. If your Company/Organization does not have a D-U-N-S® Number, please go to [www.dnb.com](http://www.dnb.com). If your Company/Organization has multiple D-U-N-S® Numbers, then the **parent** D-U-N-S® Number must be provided above as it appears in SAM).*

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Company/Organization Name as Registered in System for Award Management (SAM) [SAM.gov](http://SAM.gov) \_\_\_\_\_

**Commercial and Government Entity (CAGE) Code** \_\_\_\_\_  
*(A CAGE Code is a five-character code created by the System for Award Management (SAM) and used by organizations wishing to do business with the Federal Government. This only applies in those circumstances).*

**Desired FiXs Membership Class** *(see page 5)* \_\_\_\_\_

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Short Description of Business/Organization Activity \_\_\_\_\_

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Please select the Credential Issuer of FiXs Certified Credentials *(select one)*

ORC  DSA  No Preference

Company/Organization Type *(select one)*

Sole Proprietor  Partnership  S or C Corporation  LLC  LLP  Association/Federation

Company/Organization Documents (Organizational/company documents must be received with this Application. Select the appropriate boxes below for the documents you are providing. Refer to page 5 for general information regarding company documents).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Business License                 | <input type="checkbox"/> Certificate of Limited Partnership | <input type="checkbox"/> LLP Registration     |
| <input type="checkbox"/> Certificate of Partnership       | <input type="checkbox"/> Partnership Agreement              | <input type="checkbox"/> Operating Agreement  |
| <input type="checkbox"/> Articles of Organization/By-Laws | <input type="checkbox"/> Articles of Incorporation          | <input type="checkbox"/> Corporate Resolution |
| <input type="checkbox"/> Other _____                      |   |   |

## II. Owner, Key Executive or Authorized Company/Organization Signatory Information

(For security and authentication purposes, the following information is required. All information will be secured and protected in accordance with best industry practices for handling such information. If you choose to not provide sensitive information at this time, attempts will be made to approve this Application. However, even upon FiXs Membership approval and acceptance, the information listed below will be required in order to access or process transactions over the FiXs Network).

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First Name	Middle Name	Last Name
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Company/Organization Position Title

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Residential Street Address

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City	State	Zip	Home Telephone
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Social Security Number	Driver License Number	State of Issuance	Date of Expiration
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Date of Birth	Place of Birth
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Company/Organization Street Address (if different than the Company/Organization Address in the Company/Organization Information Section)

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City	State	Zip
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Company/Organization Telephone	Company/Organization Fax	Company/Organization Website Address
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Signatory E-mail Address (to confirm receipt)

### **III. Acknowledgement and Authorization for Information in Connection with FiXs Membership Application**

I acknowledge that to help the government fight the funding of terrorism and money laundering activities, The Federation for Identity and Cross-Credential Systems, Inc (“FiXs”) must obtain, verify and record information that identifies each entity (businesses and individuals) who applies for FiXs Membership.

By signing below, I authorize FiXs to obtain verifications and reports from reputable agencies on my accounts and financial affairs from time to time, such as credit bureau reports and account status reports on me as an individual, in connection with this FiXs application and other applications by the Company/Organization identified on this Form. I understand that FiXs requests this information to reduce fraudulent activity, prevent unauthorized individuals to act on behalf of the Company/Organization, and for other legitimate business reasons. Should the information obtained from any such verification or report cause FiXs to decide to deny the Membership application for the Company/Organization, I also authorize FiXs to communicate, either explicitly or implicitly, to any co-applicant and to any co-owners, director, officer, or employee of the business/organization that the denial was based in whole or in part on such information.

### **IV. Recognition of FiXs Intellectual Property**

As a FiXs member or prospective member, I recognize that FiXs is a 501(c) 6 non-profit organization established to provide a forum to implement the trust model and associated standards for a cross-credentialing network founded by FiXs. The intellectual property associated with this activity that is owned by FiXs is one of the Federation’s most important assets. This includes any and all FiXs brand, service marks, trademarks, copyright interests, trade secrets, software, specifications, network and related network components, rules, Bylaws, documents, policies, procedures and processes, as well as any other related materials. Further, FiXs shall have sole and exclusive intellectual property ownership rights in any and all work product created or developed by all FiXs officers, directors, employees, contractors and contract employees, as well as any individuals who support the various committees and work groups or participate in other FiXs meetings or forums. As a member of FiXs I hereby recognize and agree to protect and respect these intellectual property interests of FiXs.

Owner/Key Executive/Authorized Company/Organization Signatory Name	Signature
Title	Date

\_\_\_\_\_  
 Signatory E-mail Address (to confirm receipt)



The Federation for Identity and Cross-Credentialing Systems®

**The Federation for Identity and Cross-Credentialing Systems®, Inc.  
Remittance Schedule Effective January 01, 2017**

**Membership Dues:**

**Waived!**

<b>Membership Class<sup>1</sup></b>	<b>Initiation Fees<sup>2</sup></b>	<b>Annual Dues</b>
Full Voting Member – Large Company	<del>\$5,000</del>	\$19,125
Full Voting Member – Small Company	<del>\$5,000</del>	\$9,775
Full Voting Member – Sole Proprietor		\$850
Full Voting Member – Association		\$4,250
Non-Voting Associate Member---Large Company		\$6,800
Non-Voting Associate Member---Small Company		\$3,400
Non-Voting Associate Member---Association		\$1,500
Non-Voting Associate Member---Sole Proprietor		\$300
Non-Voting Sole Proprietor		\$650
Subscriber Member		\$220

**FiXs Certified Credentials:**

FiXs Certified Credentials are provided by Certified Credential Issuers. To obtain more information, please contact one of our Credential Issuers:

ORC <http://www.orc.com>

**Organization Codes:**

<b>Number of Codes</b>	<b>Annual Cost Per Code</b>
1	No Charge
2+	\$850

**Certification & Accreditation:**

5% of all FiXs-related C&A efforts are remitted by the FiXs-approved C&A provider performing such C&A activity.

<sup>1</sup> As defined in FiXs By-Laws, Article II, Paragraph 2

<sup>2</sup> One-time fee at membership application

<sup>3</sup> Subscriber Credential and Organization Code costs are remitted to FiXs by FiXs Certified Credential issuer(s)

## **Company/Organization Ownership Type and Required Documents**

Below is a list of commonly utilized business documents for particular Company Ownership Types. These Company/Organization documents must be faxed along with this FiXs Membership Application.

### **Sole Proprietor**

- IRS Form SS-4
- Fictitious Name Certificate or Certificate of Assumed Name or Business License<sup>1</sup>

### **Partnership or LLP**

- Partnership Agreement (if there is no agreement, obtain a statement stating so with all partners' signatures) or filed Limited Partnership Agreement. A copy of the Limited Partnership Agreement that is not filed may be accepted until the state filing is complete
  - If applicable, Fictitious Name Certificate or Certificate of Assumed Name or the Business License<sup>1</sup>
  - If applicable, the LLP registration form filed with the state
  - Limited partnerships must:
    - File a certification of the partnership information with the state in which the business has its principle location
    - Include the term limited partnership or LP in their legal name
- Limited Liability Partnerships or Professional Limited Liability Partnerships must include either LLP or PLLP in the account titles
  - Texas only: Certificate of Limited Partnership

### **Limited Liability Company**

- Articles of Organization
- Operating Agreement
- If applicable, the Fictitious Name Certificate or Certificate of Assumed Name or the Business License
- Limited Liability Companies must include LLC in the account title

### **Corporation (S or C)/Associations**

- Articles of Incorporation, or By-Laws
- Certificate of Good Standing
- Corporate Resolution
- Texas only: Certificate of Incorporation and Certificate of Assumed Name, if applicable

<sup>1</sup> If the owner's name is fully stated in the business name, these documents are not required.