



1. Pre-requisites	
Roles and Obligations	<input type="checkbox"/> A signed FiXs Memorandum of Understanding (MOU) and a Member Service Provider/Credential Issuer Agreement are required and MUST be attached to this application

2. Legal Entity and Request Type	
Legal Entity Name and Authorized Official	
Scope of Operation Request for C&A	Identify all numbered components submitted for certification and accreditation (C&A) from Figure 1.0

3. Applicant Contact Information			
Name			
Title			
Company Name			
Headquarters Address			
City, State, Zipcode		Country	
Phone		Fax	
Email Address		Website URL	
DUNS Number			
CAGE Number			
EIN Number			

4. Scope of Intended Use	
Credential Holders (check all that apply)	<input type="checkbox"/> Internal Employees <input type="checkbox"/> Subcontractors <input type="checkbox"/> Consultants
	<input type="checkbox"/> Internal Customers <input type="checkbox"/> External Customers <input type="checkbox"/> Other (identify):
Number of FiXs-certified Credentials Subscribed To*	Number of Organizational Codes Subscribed To*
Brief Description of System Intended Use	

5. Architectural Description of Operations (CONOPS)

Description (provide a graphic and/or attachment of system architecture as it relates to Figure 1 and your answer in Section 2 "Scope of Operation Request for C&A"):

* The quantities subscribed to will determine the subscription quantity ordered consistent with the terms of the Member Service Provider/Credential Issuer Agreement. An invoice will be issued for payment based upon these quantities subscribed to.

6. Corporate or System Business Rules

- Check here if you agree to adhere to ALL FiXs governance requirements, to include, but not limited to: FiXs Trust Model, Operating Rules, Implementation Guidelines, Security Guidelines, FiXs Policy Documents, Technical Specifications.
- Check here if you do not agree to adhere to ALL FiXs governance requirements and provide as an attachment hereto a detailed description and justification for any exceptions.

7. Authorized Signatory of Applicant

Authorized Applicant Signature	Date
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Printed Name

Mail Completed Application and attachments To:	The Federation for Identity and Cross Credentialing Systems, Inc. Attention: ATO Application Department 10400 Eaton Place, Suite 500A Fairfax, VA 22030
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Figure 1.0 Identity Authentication Architecture

