



PRIVACY ACT STATEMENT

AUTHORITY: E.O. 9397. **PRINCIPAL PURPOSE(S):** To collect social security number and other personal identifiers during the certification registration process, to ensure positive identification of the subscriber who signs this form. **ROUTINE USES:** Information is used in the PIV registration process. **DISCLOSURE:** Voluntary; however, failure to provide the information may result in denial of issuance of a token containing PKI private keys. You have been authorized to receive one or more digital credentials (PKI certificates) associated with private and public key pairs contained on your PIV card.

At a minimum, these key pairs enable you to electronically identify yourself for systems access. Additional key pairs may enable you to digitally sign documents and messages and perform encryption/decryption functions.

Upon pressing or clicking on the "I Agree" button, you will be asked to present the Personal Identification Number (PIN) that you selected just prior to the appearance of this acknowledgement form.

You are digitally signing this acknowledgement statement, which is legally binding, in lieu of a written signature. Acknowledgement of Responsibilities:

First Name: _____ Last Name: _____
Card Number: _____

I acknowledge receiving my PIV card and will comply with the following obligations:

- I will accurately represent myself in all communications with the PIV issuing authorities, to include sponsor, authorizing official, enrollment officials, and issuance officials;
- I will comply with the instructions described to me today for selecting a Personal Identification Number (PIN) or other required method for controlling access to my private keys and will not disclose same to anyone, leave it where it might be observed, nor write it on the token itself;
- I will protect the contents of my PIV card at all times, by treating my PIV card as valuable personal property and keeping my PIN from disclosure as described above;
- I understand that if I receive key management (encryption/decryption) key pairs on my token, copies of the private keys have been provided to the key recovery database in case they need to be recovered; and
- I will immediately notify the appropriate authority upon suspicion of loss or compromise (e.g. suspected or known unauthorized use, misplacement, etc.) of my PIV card and/or disclosure of my PIN.
- Upon the termination of my relationship with the U.S. Government or upon demand by the appropriate authority, I will surrender the PIV card.

I AGREE