

**Application For  
Membership in the  
SAFE Identity Trust Community  
via  
Cross-certification with the SAFE Bridge CA**



**SAFE**  
**IDENTITY**

**Applicant's Date of Submission:** [Click here to enter a date](#)

**Approved by SAFE PMA on:** [Click here to enter a date](#)

## 1. Information on the Applicant's Organization

**Applicant Organization**

Organization's Legal Name

**(Optional) Reason for Interest in Becoming a Member of the SAFE Identity Trust Community**

**Applicant's Primary Contact**

Name and Title  
Postal Address with Zip Code  
Office Phone Number  
Office E-mail Address

**Applicant's Secondary Contact**

Name and Title  
Postal Address with Zip Code  
Office Phone Number  
Office E-mail Address

## 2. Information on the Applicant's Service Level Request

Is this request for Enterprise Cross-Certification?

Yes       No

Does this request include being recognized as a SAFE Identity Certified Credential Provider Certification?

Yes       No

CP Title, Version #, Effective Date *Please attach your CP as Appendix A*

**Encryption/Escrow Functionality: *Are you interested in encryption/escrow functionality compliant with SAFE Identity requirements as detailed in the SAFE Identity Key Recovery Policy?***

**Yes<sup>1</sup>**

**We desire the ability to issue encryption certificates and will perform key escrowing in conformance with SAFE Identity requirements. KRPS will be submitted to SAFE Identity for review.**

**No**

**We do not wish to issue encryption certificates at this time. We agree not to issue encryption certificates with an OID that has been or will be mapped to a SAFE Identity OID.**

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<sup>1</sup> If this option is elected, your pre-op audit must include an audit of the implementation of the KRPS. This option can be added at a later date (after cross-certification is achieved) if desired.

### **3. Information on the Applicant's PKI Architecture**

***Please attach a diagram of your CA architecture as Appendix B***

**Technical Considerations: *List specific technical aspects of your CA***

CA Software utilized with an overview of the configuration  
CA OS and hardware utilized  
Directory product utilized and any relevant configuration information

**Security Considerations: *Provide information concerning the security architecture protecting your CA***

List all CAs that are subordinated to your Primary CA and to what degree they are under your direct control  
List all CAs that are cross-certified to your Primary CA and to what degree they are under your direct control  
Describe network services and controls protecting your CAs

**4. Information on the Applicant's Directory Architecture**

**Describe your directory structure and how you will accomplish interoperability with SAFE Identity's directory. *Please attach a Diagram of the Directory Schema as Appendix C***



**Describe how you will ensure proper namespace control for distinguished naming.**



## 5. Information on the Applicant's Auditing Practices

- We will employ the services of an Independent Third Party Audit Firm
- We will utilize the services of a Corporate Internal Auditor sufficiently organizationally independent as to meet the requirements of the SAFE Identity CP Section 8.3.

**Audit Organization Name**

Organization's Legal Name

### Lead Auditor

Name, Title of Lead Auditor  
Lead Auditor Certifications (e.g. CISSP, CISA, CSCIP, etc.)  
Domain expertise in IT Security  
Domain expertise and practical experience in PKI  
Years of experience performing IT audits  
Years of experience performing security audits  
Detail experience performing audits involving PKI or security key management processes  
Detail a demonstrable knowledge of PKI CP and CPS  
Detail a demonstrable knowledge of IdM-CIS and CMS systems integrated with CA systems

### Staff Auditor(s)

Provide details as described above for any additional staff auditors that participate in the audit of your PKI.

### Relationship

For Third Party Independent Auditors - Please attest that the compliance auditor works for a separate 3rd party operating entity, which is independent from your organization and any other affiliated entity that may be subject to audit in association with your PKI. See SAFE Identity CP Section 8 for details concerning independence.

For Enterprise Organizations utilizing a Corporate Independent Auditor, provide an organizational diagram showing points of intersection between the organization administering the PKI and the Corporate Independent Auditor and an attestation that the corporate internal auditor is organizationally independent.

## 7. Information on the Applicant's Certificate Policy Mapping

Please select the mapping(s) you wish to pursue between the certificate levels of assurance covered under your CP, and those set forth in SAFE Identity's CP and listed below:

Standard Policies	ETSI Interoperability
<input type="checkbox"/> Basic Assurance <input type="checkbox"/> Medium Software Assurance <input type="checkbox"/> Medium Hardware Assurance <input type="checkbox"/> Custom Commercial <input type="checkbox"/> Group Basic Software Assurance <input type="checkbox"/> Group Medium Software Assurance <input type="checkbox"/> Group Medium Hardware Assurance <input type="checkbox"/> Machine Medium Software Assurance <input type="checkbox"/> Machine Medium Hardware Assurance	<input type="checkbox"/> ETSI AdES Lightweight (Basic) <input type="checkbox"/> ETSI AdES Normalized (Medium Software) <input type="checkbox"/> EU Qualified (Medium Hardware)*

\* Requires adherence to additional legal requirements

#### 8. Documents Attached (Please verify your CP/CPS is in RFC 3647 Format)

- Appendix A: Certificate Policy
- Appendix B: CA Architecture Diagram
- Appendix C: Directory Schema
- Appendix D: Key Recovery Practices Statement (optional)
- Appendix E: Criteria and Methodology for Cross Certification (Bridge applicants only)

#### 9. Signature

The undersigned is a duly authorized official of the Applicant's Organization and by signing this application confirms that all information within is correct and accurate.

**X** \_\_\_\_\_

Name

Title

Date: \_\_\_\_\_