

A request for a MD-Grid user certificate

To be completed by the user

Organization name and visiting address (street, zipcode, city): O= _____

Name and surname: _____ **Document series** _____ **number** _____

Issued by _____ **date of issue** _____ **valid to** _____

Contact telephone numbers: stationary _____ **mobile** _____

E-mail: _____

E-mail client, to which the certificate will be added _____

(For example, Thunderbird, Outlook, etc.)

Internet browser (if planned to add the certificate to it) _____

Abstracts from the current CP/CPS <http://ca.grid.md>

User

- must be an employee of the establishment of the Republic of Moldova, which has the right to use MD-Grid certificates for access to national and regional Computing and Information Resources (MD-Grid, EGI, HPC and to other information systems which receives this certificates);
- must provide the correct information in the certificate request;
- must protect the private key with passphrase minimum length of 12 characters;
- should not store the private key in decrypted form and should not store the password with the private key;
- should immediately notify his Registration Authority in the case of the loss or compromise of the private key (real or suspected);
- should be familiar with the policy of issuing certificates (CP / CPS) MD-Grid CA and follow the rules of using of the certificate as formulated in the CP / CPS.

User

- should initiate revocation of certificate if no longer needed in it or the owner ceases to participate in projects MD NGI;
- should initiate revocation if data in certificate became wrong (changed passport data, address, phone, etc.)

The information above is correct, I read CP / CPS abstracts and understand my rights and obligations.

Date: « » _____ 201__ г. **Signature:** _____

To be completed by the manager of organisation

I am _____
Title, Company Name, Name of Manager

I confirm the need for issuing a certificate for an employee: _____

Date: « » _____ 201__ г. **Signature:** _____

Stamp

To be completed by Registration Authority

Registration Authority (Name, Surname): _____

The result of the processing of the request: _____

Date of issue of certificate _____ **certificate valid until** _____

Public key module _____
the first 10 characters the last 10 characters

Date: « » _____ 201__ г. **Signature:** _____

