

MDOT DIGITAL SIGNATURE CERTIFICATE REQUEST FORM

NOTIFICATION:

The information on this form is required by the Michigan Department of Transportation (MDOT) to verify the identity of the applicant requesting a digital signature certificate. The supplied information ensures the returned digital signature certificate matches the identity of the signer.

It is the responsibility of the applicant and/or associated company/agency to notify MDOT of any change in employment status, signing authority, or e-mail address that may impact the validity of the assigned signature. Note: Applicants and associated company/agencies may be directly contacted to further authenticate the identity of the applicant and/or confirm signing authority.

Completed forms must be returned electronically to: MDOT-eSign@Michigan.gov

SIGNATURE APPLICANT SECTION	
APPLICANT NAME (LEGAL NAME)	COMPANY/AGENCY
APPLICANT NAME AS TO APPEAR ON SIGNATURE (IF DIFFERENT THAN FIELD ABOVE)	TITLE
E-MAIL	PHONE NUMBER

CERTIFICATION AFFIDAVIT:

The undersigned affirms all information provided on this form is true and correct. I agree to supply and receive information electronically. I agree to utilize MDOT's current digital signing software as the legal equivalent of my hand-written signature on all required transactions. I also understand by signing below, the digital signature certificate assigned will be used exclusively for State of Michigan contracting and/or authorized use only.

PRINT OR TYPE NAME, SAME AS SIGNATURE BELOW	TITLE
APPLICANT SIGNATURE	DATE

Next Step: You will be contacted via email within 2 business days with your account information.