

MDOT DIGITAL SIGNATURE CERTIFICATE REQUEST FORM

INSTRUCTIONS:

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. The assigned signature is eligible for use on all applicable MDOT documents.

This completed form will remain valid until the signer's digital signature certificate expires or until such time as the signer needs to create a new digital signature. Each digital signature is unique. If another digital signature is used, even though it appears similar, it will not validate as the encrypted data within the signature will not match the previously validated signature information. This will result in the rejection of any document on which the non-validated signature has been used.

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
PROFESSIONAL LICENSURE (PE, PS, AIA, etc.)	LICENSE NUMBER
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