

## Instructions for Completing DD Form 2842

### *Department of Defense (DOD) Public Key Infrastructure (PKI) Certificate of Acceptance and Acknowledgement of Responsibilities (Subscriber)*

#### **Part 1. Certificate Acceptance by Subscriber**

The following information will be completed by the Subscriber and verified by a Registration Official (*Note: If the electronic version of this form is used, some blocks may be automatically filled. Only the remaining blocks require completion.*):

Block a. Enter full name as Last Name, First Name, and Middle Name.

Block b. Enter the identifying number provided by the Registration Official (i.e., EDIPI or UID).

Block c. Enter Organization (branch of service, major command, and duty station).

Block d. Enter 7 digit DSN telephone number or 10 digit commercial telephone number (i.e. *area code + 7 digit number*).

Block e. Enter current e-mail address.

Read the Acknowledgement of Responsibilities, Liability, and Governing Law statements.

Blocks f (1) and f (2) and Blocks g (1) and g (2). In Block f (1) enter a descriptive name for a federal government-issued identification credential with a picture, for example *Military ID card* or *Passport*. Enter a unique identification number from that credential in Block f (2). If a federal government identification credential with a picture is not available and the Subscriber cannot be biometrically verified, two non-federal government-issued identification cards are required. At least one of the identification cards must show the Subscriber's picture (for example, a driver's license). Enter a descriptive name for the first credential in Block g (1) and a unique identification number from that credential in Block g (2). If the Subscriber can be biometrically verified, no identity documents are required; enter "Biometrically Verified" in Blocks f(1) and g(1) and "N/A" in f(2) and g(2).

Block h. The Subscriber must sign in this block. The signature should match the name provided in Block a.

The Registration Official will indicate in this block if the Subscriber is incapable of signing (*Note: For the electronic version of this form, the Subscriber's signature will be automatically applied.*).

Block i. Enter the current date in nine character form (YYYYMMDD).

#### **Part 2. Identity Verification by the Registration Official**

The following information will be completed by the Registration Official at the time of Subscriber's registration (*Note: If the electronic version of this form is used, some blocks may be automatically filled. Only the remaining blocks require completion.*):

Block a. Enter full name as Last Name, First Name, and Middle Name.

Block b. Enter branch of service, major command, and duty station.

Block c. Enter 7 digit DSN telephone number or 10 digit commercial telephone number (i.e. *area code + 7 digit number*).

Block d. Enter current e-mail address.

Block e. The Registration Official must sign in this block. The signature should match the name provided in Block a. (*Note: For the electronic version of this form, the Registration Official's digital signature will be automatically applied*).

Block f. Enter the current date in nine character form (YYYYMMDD).