



OATI webCARES BUSINESS REPRESENTATIVE APPLICATION FORM

To become an OATI webCARES subscriber, each company must designate a Security Officer (SO). A Security Officer uses webCARES as a Corporate Certificate Authority otherwise known as a Local Registration Authority (LRA).

The SO/LRA is responsible for performing identity verification within your organization, and creating, distributing, revoking, renewing, and archiving webCARES Digital Certificates across your organization. This includes device and end user certificates. For these reasons, OATI strongly recommends at least one Security Officer be selected from the organization's IT or Security Department. This will help to ensure technical competency, enterprise wide coordination, elimination of duplicate certificates, and the highest level of security within your organization.

Please print and complete the below form, ensuring the company's information section is accurate and properly reflects the company's registration with the state government where registered. OATI uses this information for steps in our verification process, and any inaccurate or incomplete data will cause delays in updates to the webCARES system.

The information on this form is required, and is used by OATI Helpdesk to complete the verification process before a SO or Audit Officer can be added to OATI webCARES System.

The verification steps and information needed:

- Company Verification
 - o DUNS Number is most generally used when verifying information. Name and address of company must match what is listed on the application to what is listed in Dun & Bradstreet.
 - If DUNS Number is not relevant, OATI will accept the following (must include Full Company name and Company Address):
 - Letters of Incorporation from Secretary of State
 - Bill/Invoice from a third-party
 - Bank Statement with the company
- Employee Verification
 - o Confirmation that SO is an employee of the company and that SO should be set up as the SO through a letter from applicant's Human Resources or Senior Management confirming their employment (Letter must have either official letterhead or official signature + company logo and/or information listed).
- Supervisor Verification
- Confirmation from the listed 'Supervisor' that the listed SO should be set up as the Company's SO. This can be done by phone or email.
- Email Verification
 - o Confirming the e-mail address listed on the BRAF by using a test e-mail while on the phone with the OATI Helpdesk.

OPEN ACCESS TECHNOLOGY INTERNATIONAL, INC.

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OATI Support will send the designated webCARES Security Officer or Audit Officer an email from BRANotify@oati.net stating these steps as well. Once the verification process has been successfully completed, OATI Helpdesk will set up and activate access on OATI webCARES System.

This form is valid until January 31, 2026.

For more information on OATI webCARES and the responsibilities of becoming a subscriber, please see the OATI Certification Practice Statement at www.oaticerts.com/repository.

Once completed and notarized please scan and email, or send via US Mail, to:

OATI webCARES Support
7901 Computer Avenue
Bloomington, MN 55435
Contracts@oati.net

Existing customers can fax this form to
(763) 201-5333 or scan and email it to
BRANotify@oati.net

Company Information (all fields mandatory):		
Company: _____		
Legal Company Name (if different): _____		
Street Address: _____		
City: _____	State/Province: _____	
Zip/Postal Code: _____	Country: _____	
Phone Number: _____	Fax Number: _____	
Federal Employer ID Number ¹ : _____	DUNS Number ² : _____	
Requested/Existing webCARES Company Code: _____	Web Address: _____	
Application (check all that apply):		
<input type="checkbox"/> New/Replace SO	<input type="checkbox"/> New/Replace AO	<input type="checkbox"/> New OATI webCARES Organization
<input type="checkbox"/> Modify SO Info	<input type="checkbox"/> Modify AO Info	<input type="checkbox"/> Add Org. Unit _____
	<input type="checkbox"/> Modify Company Info	<input type="checkbox"/> Other _____
Purpose of certificates (i.e., webSmartTag, webSmartOASIS, etc.):		

¹ For non-US Organizations - Government issued business number may be substituted for the U.S. Federal Employer ID Number.

² The number representing an Organization in the Dunn & Bradstreet Database (www.DNB.com).

Select Only One Applicant Type: Security Officer (SO) or Audit Officer (AO)

Please complete a copy of this page for each (SO) or (AO) to be added or updated. (all fields are mandatory)

IMPORTANT: A Security Officer is responsible for identity verification, creating, distributing, revoking, renewing, and archiving digital certificates across the organization. For these reasons, OATI strongly recommends Security Officers be selected from the corporate IT or Security department. Please see the webCARES CPS at <http://www.oaticerts.com/repository/> for additional information. An Audit Officer is responsible for tracking and verifying the actions taken by the Security Officer(s).

Name
First Middle Last

Job Title Has a webCARES certificate? (If yes, list Cert Number)
 Upgrade End User certificate to an SO

Email (Business) SO or AO Being Replaced (if applicable)
 Revoke Certificate and Disable access
 Downgrade certificate to end user status

Work Address SO or AO Supervisor/Manager Name

City SO or AO Supervisor/Manager Title

State/Province SO or AO Supervisor/Manager E-Mail

Zip/Postal Code and Country SO or AO Supervisor/Manager Work Telephone

Work Phone
I have applied for an OATI Digital Certificate. Such application is subject to verification of all information contained on it. I authorize third parties to provide to Open Access Technology International, Inc. (OATI), any and all information and documentation requested as needed to complete the verification process. Such information may include, but is not limited to: name, address, DUNS, and EIN/BN.

Signature - Applying Security Officer or Audit Officer Date

Signature - Applying SO or AO Supervisor or Manager Date

Please note: Signature of the Security Officer or Audit Officer must be notarized for identity verification purposes.

STATE OF _____)
) ss.
COUNTY OF _____)

Signed and acknowledged before me this ____ day of _____, 20____, by _____
_____ (insert name of applying Security Officer or Audit Officer).

Notary Public
My Commission Expires: _____