Acknowledgment of Responsibilities
NPE Certificates Request
(Domain Controller-DC/Multi-San-MS/Non-Person Entity-NPE)

You have been authorized access to receive one or more private/public key pairs from the system or device certificate authenticated and approved.

The purpose of the PKI certificate is to provide electronic identification of the server and provide secure encrypted communications between the server and the user.

I acknowledge that I have received training to act as a System Administrator (SA) for the DOD Public Key Infrastructure Program. I understand that as a System Administrator, I will be responsible for the following:

- Validate there is a current Approval to Operate (ATO) from the Designated Approval Authority (DAA) with a System Security Plan (SSP) in place from the Information System Security Officer (ISSO) or Information System Security Manager (ISSM). ATO Date: _____.

- Use the certificate for official purposes only related to the server for which it was issued.

- Retrieve and install the certificate on the server for which the certificate was requested.

- Create and submit a PKCS #10 formatted server certificate request to the appropriate Certificate Authority (CA).

- I will report the compromise of the certificate to the ISSO, ISSM and TA.

Liability: I will have no claim against the DoD arising from use of the Subscriber's certificates, the key recovery process, or a Certificate Authority's (CA's) determination to terminate or revoke a certificate. The DoD is not liable for any losses, including direct or indirect, incidental, consequential, special, or punitive damages, arising out of or relating to any certificate issued by a DoD CA.

Governing Law: DoD Public Key Certificates shall be governed by the laws of the United States of America.

System Administrator

Name: _____

Unit/Organization: _____

ID Type: (Military, Installation Pass)_____

Photo ID Number: _____

Signature: _____

Verification of System Administrator Identity: I have verified the identity of the person named above by physically checking an U.S. Government issued Photographic Identification Card.

Name of Verifier: _____

Unit/Organization: _____

Duty Position (LRA, TA, ISSM):_____

Date: _____

Signature: _____