

**Expression of Interest Application  
for  
Cross-Certification with the  
TSCP Bridge Certification Authority**



**TSCP LLC**

# 1. ORGANIZATION INFORMATION

<b>Organization Name:</b>	
<b>Organization Legal Name:</b>	
<b>Organization Type:</b>	<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector
<b>Organization Public Web Site:</b>	
<b>Organization Physical Address:</b>	
Private Sector Only	
<b>Brief Narrative of the Nature of Your Business and Financial Capacity to sustain PKI Operations:</b>	
<b>Public Web Site URL:</b>	
<b>DUNS Number:</b>	
<i>Only complete the following if a DUNS Number is not available</i>	
<b>Business License ID:</b>	
<b>URL to License Authority:</b>	
Public Sector Only	
<b>Public Web site URL:</b>	
<b>Country Name:</b>	
<b>ISO 3166-1 alpha-2 code:</b>	
<b>URL to an Authority with Evidence of Organizations Existence:</b>	

# 2. CONTACT INFORMATION

*Please provide name and contact information for a primary and alternate points of contact for coordinating the review and approval of this application. The points of contact are authorized to perform the full scope of PMA responsibilities upon successful cross certification (TPMA primary and alternate POCs) and TBCA operations (TBCA primary and alternate POCs), which means they are fully authorized to represent the organization for all TPMA and TBCA operations, related activities, and votes, including those votes and actions which may incur a cost to the organization. The Applicant may update these and other contacts at any time with an Assertion of Authority Memo.*

TPMA Primary POC	
<b>Name:</b>	
<b>Title:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Mailing Address:</b>	

TPMA Alternate POC	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Mailing Address:</i>	
TSCP Member Advocate (optional and will be contacted to confirm mutual interest when included)	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
TBCA Operations Primary POC	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Mailing Address:</i>	
TBCA Operations Alternate POC	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone:</i>	
<i>Email:</i>	
<i>Mailing Address:</i>	

### 3. Statement of Mutual Interest

Statement of Mutual Interest	
<p><i>Briefly describe why cross-certification with the TBCA would be beneficial for the TBCA members and/or the wider federated PKI community. Include the markets served within your description.</i></p>	

### 4. PKI AND REPOSITORY INFORMATION

PKI Scope	
<i>Are you applying as a Bridge PKI?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What status is your PKI today?</i>	<input type="checkbox"/> Operational <input type="checkbox"/> In-Progress <input type="checkbox"/> Budgeting
<i>For which TBCA Assurance Levels are you</i>	<b>SHA-2 Trust Infrastructure</b> <input type="checkbox"/> id-Medium

<p><i>applying for Cross Certification?</i></p>	<p> <input type="checkbox"/> id-MediumHardware  <input type="checkbox"/> id-Medium-CBP  <input type="checkbox"/> id-MediumHardware-CBP </p> <p> <input type="checkbox"/> id-PIVI  <input type="checkbox"/> id-PIVI-CardAuthentication  <input type="checkbox"/> id-PIVI-ContentSigning </p> <p><b>SHA-1 Trust Infrastructure</b></p> <p> <input type="checkbox"/> id-SHA1-Medium  <input type="checkbox"/> id-SHA1-MediumHardware  <input type="checkbox"/> id-SHA1-Medium-CBP  <input type="checkbox"/> id-SHA1-MediumHardware-CBP </p>
<p><i>Are you applying for Key Recovery Policy (KRP) Equivalence?</i></p>	<p> <input type="checkbox"/> Yes  <input type="checkbox"/> No </p> <p><i>Note: CAs who issue governed encryption end entity certificates to human subscribers should answer yes.</i></p>

<p style="text-align: center;">PKI Design Description</p>	
<p><i>Provide a list of CAs within your control or planned to be within your control. Designate the CA which is to become the Principal CA upon successful cross certification and all subordinate CAs.</i></p>	
<p><i>Is the CA you are applying for an Offline CA or Online CA?</i></p>	<p> <input type="checkbox"/> Offline <input type="checkbox"/> Online </p>
<p><i>Provide a list of CAs which you presently have or plan on having a cross-certification relationship with.</i></p>	
<p><i>Briefly describe the intended use of your PKI(s) and any limits on acceptable use you have or plan to have the certificates you issue directly (from PCA and Subordinate CA) and through requirements created indirectly through cross-certification relationships you have or plan to have.</i></p>	
<p><i>Include a brief architectural drawing depicting the CA(s) that will be cross-certified with the TBCA.</i></p>	

<i>Briefly describe your choices for CA software, HTTP-based Repository Software and Network Approach, LDAP-based Repository (if applicable) Software and Network Approach.</i>
<i>Briefly describe your approach for proper namespace control (e.g., distinguished names).</i>

<b>PIVI Description (Skip this section unless requesting cross certification at id-PIVI assurance levels)</b>
<i>Briefly describe your CMS software version, HSM hardware for id-PIVI-ContentSigning and card management keys, and Smartcard version(s). If such products have not been procedures, multiple options may be described.</i>
<i>Have your SmartCards been tested by an independent party for PIV-I Interoperability already? If so, list the 3<sup>rd</sup> party(ies) who performed the tests, the nature and scope of the test procedures, the outcome of the tests (e.g., pass/fail), the date the tests were last completed, and the evidence you can provide to corroborate these facts.</i>

## 5. Enclosures

Please attach the applicable enclosures to your Expression of Interest Application Submittal:

<i>Evidence of Signing Authority</i>	<input type="checkbox"/>	<i>Evidence that person signing this application below is authorized to sign the Application on behalf of the organization. This evidence will vary but is often a Certificate of Incumbency with flow down memo if applicable, organization bylaws with flow down memo if applicable, or memo of record from organization's legal department.</i>
<i>Evidence of relationship with Members</i>	<input type="checkbox"/>	<i>(Only Applies to Bridge PKI Applicants) Evidence that describes the extent by which the Bridge has the authority to speak and act for its members. This evidence will vary but is often a governing document or charter.</i>

## 6. Signature

I, the undersigned, am a duly authorized official of the Applicant Organization and attest that all information within this Expression of Interest Application is true and correct to the best of my knowledge and belief.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and email the completed application AND Enclosures to the TPMA Chair at [pma@tscpllc.com](mailto:pma@tscpllc.com).