CAcert Assurance Programme (CAP) Identity Verification Form

The CAcert Assurance Programme (CAP) aims to verify the identities of Internet users through face to face witnessing of government-issued photo identity documents. The Applicant asks the Assurer to verify to the CAcert Community that the Assurer has met and verified the Applicant's identity against original documents. Assurer may leave a copy of the details with the Applicant, and may complete and sign her final form after the meeting. If there are any doubts or concerns about the Applicant's identity, do not allocate points. You are encouraged to perform a mutual Assurance.

For the CAcert Organisation Assurance Programme there is a separate special COAP form. For more information about the CAcert Assurance Programme, including detailed guides for CAcert Assurers, please visit: http://www.cacert.org

A CAcert Arbitrator can require the Assurer to deliver the completed form in the event of a dispute. After seven years this form should be securely disposed of to prevent identity misuse. E.g. shred or burn the form. The Assurer does not retain copies of ID at all.

Assurance Face-to-Face Meeting

Location _____ Date (yyyy-mm-dd)

Applicant's Identity Information

Exact full name on the ID _____ Type of ID shown

Email Address _____ Date of Birth (yyyy-mm-dd)

Applicant's Statement

I hereby confirm that the information stating my Identity Information above is both true and correct, and request the CAcert Assurer (see below) to witness my identity in the CAcert Assurance Programme.

I agree to the CAcert Community Agreement:
http://www.cacert.org/policy/CAcertCommunityAgreement.php

Date (yyyy-mm-dd) _____ Applicant's signature

Assurer's Statement

Assurer's Name _____ Points issued

I, the Assurer, hereby confirm that I have verified the Applicant's Identity Information, I will witness the Applicant's identity in the CAcert Assurance Programme, and allocate Assurance Points.

I am a CAcert Community Member, have passed the Assurance Challenge, and have been assured with at least 100 Assurance Points.

Date (yyyy-mm-dd) _____ Assurer's signature