



Information for Registration Authorization

The information provided in this document is strictly confidential and voluntary. The information will be used by DNE Labs with the sole purpose of creating and managing your digital identity credential. Said credential is created and managed with the goal of providing a digital certificate, as to certify, secure, and validate your identity.

The information requested is necessary for the validation of your identity and digital credentials. Providing the requested information is a fundamental requirement for the verification process. If the information is not provided by you, DNE Labs will not be able to provide the digital certificate.

Please read carefully and provide the requested information in print letter.

Registration Form

Name and Last Names	
Date of Birth (MM/DD/YYYY)	
Social Security Number	XXX-XX-
Driver's License Number	
Professional License Number	
Postal Address	
Physical Address	
E-Mail	
Contact Phone	

Terms of Service

I certify that the information provided is truthful and correct. Providing false or misleading information in this form can lead to the immediate cancelation of the applicant's electronic credential and digital certificate. There will be no reimbursements.

If the information requested here is not provided, DNE Labs LLC cannot guarantee your digital certificate.

DNE Labs LLC is committed to safekeeping and not disclosing your information to third parties without your consent.

Applicant's Signature: _____	Date: _____
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Revision date: August 14, 2014.