



# Service Request Form

<b>Full Name</b>			
<b>Professional License Number</b>			
<b>License Type</b>	Architect		
<b>Service</b>			
Access to the Digital Certificate Request Process			
<b>Current Driver's License Copy</b>		<b>Current Professional License Copy</b>	
Image		Image	
<b>Webpage Access</b>			
<b>Password</b>		<b>PIN</b>	
Between 6 and 20 characters long (letters, numbers, or symbols can be used)		Four (4) digits only (for security reasons, try not to use your ATM or Credit card number)	

<b>Terms of Service:</b>	
I hereby certify that the information provided in this form is true and correct. I understand that falsifying, or not providing the requested information, will immediately invalidate this request.	
I accept the fact that the payment and submission for the Digital Certificate Request process is only valid for one year, which starts to count from the day the payment was made for said service.	
I comply with the fact that DNE Labs will not make refunds for the lack of use or submission for the Digital Certificate or Digital Certificate Request Process.	
I understand that DNE Labs will not divulge any information to non-authorized parties or individuals.	
Signature: _____	Date: _____