

Organization Letterhead

Address 1
Address 2
Phone: {phone number} Fax: [Your Fax]
E-Mail: {email address}
Web: [Web Address]

[Insert Date]

To: TAGPMA Chair
[Address 1]
[Address 2]
[Address 3]

AUTHENTICATION PROVIDER APPLICATION

Dear TAGPMA Chair:

On behalf of the {Organization}, I would like to submit a formal request to apply for accreditation by TAGPMA for our Certification Authority service.

As an initial step, we have identified a representative who will lead the accreditation process from our end. Please contact this person with advice on next steps.

Representative: {Name}
Contact Information: {email; phone; address if different from above}

We also understand the need for continued commitment and participation in the TAGPMA organization upon accreditation. This individual will attend TAGPMA meetings and participate in ongoing TAGPMA efforts (profile development/review, accreditation review process and overall TAGPMA advancement) and other responsibilities as outlined in the TAGPMA Charter.

Sincerely yours,

Signature of Responsible Party
[Your Title]