



Return by mail to:
EMR Direct Registrar
PO Box 676011
Rancho Santa Fe, CA 92067

phiCert Identity Verification Form – LoA 3 In-Person – Notary

Submit the original notarized form by mail to EMR Direct for End Users, Verifiers, and Organizational Representatives. All fields are REQUIRED. Do not fax or email the completed form. Only originals can be processed.

SECTION ONE (to be completed by Individual/Applicant)

Name of Organization: _____

I, _____, the undersigned, do hereby
(Print Full Name—First Middle Last)

state and declare the following: I attest that I will use all credentials issued to me or to the Organization listed above, including any credentials for account management if I have been appointed as an Organizational Representative or Verifier, in accordance with the phiMail End User License Agreement posted at <http://www.emrdirect.com/eula.html>.

I declare under penalty of perjury that the foregoing is true and correct.

Signature (Sign in the presence of Notary):

Date Executed:

SECTION TWO (To be completed by Notary)

Notary Instructions:

1. Compare Driver's License photo to subject and confirm the match.
2. Complete and sign this section of the form.
3. Return this form in a secure envelope to the address at the top of this page.

Street Address, City, State and ZIP as they appear on Subject's Driver's License:

Date of Birth:

(MM/DD/YYYY)

Driver's License Number:

DL Issuing State:

DL Expiration Date:

State of:

County of:

I hereby certify that on this _____ day of _____, 20____, the above signer and subject of this form personally appeared before me, signed and attested to the information herein in my presence, and presented the unexpired Driver's License listed above as proof of his or her identity.

I declare under penalty of perjury that the foregoing is true and correct.

Notary Public:

My Commission Expires:

Notary Public's Signature:

Notary Seal or Stamp:

EMR Direct phiCert Office Use Only: