

F E D E R A L R E S E R V E  F I N A N C I A L S E R V I C E S

# FedImage<sup>®</sup> Gateway Retrieval Service Technical Contact Certificate Request Form

**Required Fields\*****Section 1: Service Description and Form Instructions**

This form should be used to add, modify profile, revoke and reissue, delete or renew a FedImage<sup>®</sup> Gateway Retrieval Service certificate.

For assistance in completing this form, please contact the Support Center at: 833-FRS-SVCS (377-7827).

Send completed forms to the Support Center at: [ccc.coordinators@kc.frb.org](mailto:ccc coordinators@kc.frb.org)

**Section 2: Customer Information**

|                                                                  |  |
|------------------------------------------------------------------|--|
| <b>Organization Name*</b>                                        |  |
| <b>Primary Identification Number (ABA/RTN)*</b>                  |  |
| <b>Country*</b> <i>where the certificate is/will be located.</i> |  |

**Section 3: Service Specific Information**

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Request Type*</b> | <input type="checkbox"/> <b>ADD a new certificate</b> <i>Complete Sections 2, 3.1, 3.2, 3.3 and 3.4.</i><br><input type="checkbox"/> <b>MODIFY profile</b> <i>Only the Additional Authorized/Managed ABA(s) and Technical Contact's email address may be modified. Complete Sections 2, 3.1, 3.2 3.3 and/or 3.4.</i><br><input type="checkbox"/> <b>REVOKE AND REISSUE a certificate</b> <i>Current certificate will be revoked and a new certificate will be issued. Complete Sections 2, 3.2 and 3.3.</i><br><input type="checkbox"/> <b>If the certificate has been compromised, check this box for immediate processing.</b><br><input type="checkbox"/> <b>DELETE a certificate</b> <i>Complete Sections 2 and 3.3.</i><br><input type="checkbox"/> <b>RENEW a certificate</b> <i>Current certificate will be deleted and a new certificate will be issued. Complete Sections 2, 3.2 and 3.3.</i> |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Section 3: Service Specific Information (continued)****Section 3.1: Additional Authorized/Managed ABA(s)**

- Complete this section only if a single certificate is/will be used for multiple ABAs/RTNs.
- Check the “Add” box to add ABAs/RTNs to a certificate.
- Check the “Delete” box to remove ABAs/RTNs from a certificate.

| ABA/RTN | Add                      | Delete                   |
|---------|--------------------------|--------------------------|
|         | <input type="checkbox"/> | <input type="checkbox"/> |
|         | <input type="checkbox"/> | <input type="checkbox"/> |
|         | <input type="checkbox"/> | <input type="checkbox"/> |
|         | <input type="checkbox"/> | <input type="checkbox"/> |

**Section 3.2: Technical Contact Information**

|                                                                                                                                       |       |    |      |
|---------------------------------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>Technical Contact Name*</b>                                                                                                        | First | MI | Last |
| <b>Technical Contact Email Address*</b><br><i>Must be valid individual email address. A group email address will not be accepted.</i> |       |    |      |

**Section 3.3: End User Authorization Contact (EUAC) Information**

|                                                                                                                |       |    |      |
|----------------------------------------------------------------------------------------------------------------|-------|----|------|
| <b>EUAC Name*</b> <i>The EUAC authorizing this request cannot be the same person as the Technical Contact.</i> | First | MI | Last |
|----------------------------------------------------------------------------------------------------------------|-------|----|------|

**Section 3.4: Vendor Information**

- The vendor is the application provider that is responsible for interfacing the application to the FedImage Archive using the FedImage Gateway Retrieval Service.

|                                        |       |    |      |
|----------------------------------------|-------|----|------|
| <b>Vendor Name*</b>                    |       |    |      |
| <b>Vendor Contact Name*</b>            | First | MI | Last |
| <b>Vendor Contact's Email Address*</b> |       |    |      |

**Section 4: Authorization**

By submitting this form: (A) the organization identified in Section 2 (“Participant”) authorizes the Technical Contact identified in Section 3.2 and the EUAC identified in Section 3.3 to receive Federal Reserve Bank certificate components which together can be used to download a certificate, allowing Participant to use the Federal Reserve Banks’ FedImage Gateway Retrieval Service as indicated on this form; and (B) Participant, Technical Contact and EUAC agree to comply with the terms and conditions specified in Operating Circular No. 5 (“OC 5”) and the Certification Practice Statement (“CPS”), as well as all applicable security procedures, as they are all amended from time to time. [OC 5](#) and the [CPS](#) are both located on FRBservices.org.

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