

CONSULTANT STATEMENT OF DIGITAL ELECTRONIC SIGNATURE VALIDATION

DATE

APPLICANT INDIVIDUAL/FIRM

NAME OF SIGNATURE APPLICANT

The information on this form is required to complete the digital signature validation process. This insures that the electronic digital signature actually matches the identity of the signer. This form must be completed electronically. No copies or handwritten forms will be accepted.

This form is required to be on file with MDOT Contract Services Division (CSD) prior to, or concurrently with any electronically signed agreement. This complete form will remain valid for up to four (4) years until the signers digital signature certificate expires or until such time as the signer needs to create a new digital signature. The form can transfer from one agreement to the next but a copy must be maintained in CSD's electronic directory. The encrypted code (hash) contained within the validated digital signature on this form will be added to CSD's certificates such that even if a new digital signature is submitted that appears to be exactly the same or has the exact same info (name/address/phone#/etc.), the encrypted code within the digital signature will show it as an invalid (fake) signature which will result in the rejection of any document that it has been used on.

SIGNATURE APPLICANT SECTION

FULL NAME

TITLE

COMPANY

PHONE NO.

E-MAIL ADDRESS

Insert applicant's digital electronic signature into the above box.

MDOT OFFICE SECTION

I hereby certify that the above digital electronic signature is from the person indicated and that I have verified this signature identity and validation through at least two (2) of the following methods:

1. The name is the same name expected. (expected name)
2. I received this completed form with electronic signature from a reasonably secure electronic transmittal method such as from a company domain email address. (company email)
3. I have contacted the person above directly (in person or by phone) and verified that this is their digital signature. (phone call)
4. I have a history of working with this person and have verified that this is their digitally encrypted electronic signature via another method detailed below.

Other: _____

NAME

TITLE

DATE