



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

Submit the original notarized form by mail to EMR Direct. 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 License Agreement posted at <http://www.emrdirect.com/eula.html>.

Current street address (if different from address on Driver's License)

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 right.

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

FedEx or UPS? Contact
registrar@emrdirect.com for
street address.

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

↳ _____

Date of Birth:

↳ _____

(MM/DD/YYYY)

Is Driver's License Real ID Compliant?

↳

Yes

No

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: