



## Service Request Form

<b>Full Name</b>	
<b>Professional License Number</b>	
<b>License Type</b>	<input type="checkbox"/> PE <input type="checkbox"/> PE/RPA <input type="checkbox"/> PS <input type="checkbox"/> Arq.
<b>Service</b>	
<input type="checkbox"/> Credentials Recovery <input type="checkbox"/> Digital Certificate – Mac Compatible <input type="checkbox"/> Information Change	
<b>Information to be Modified</b>	
<b>Current Driver's License</b>	<b>Current Professional License Copy</b>
Image	Image
<b>Terms of Service</b> I hereby certify that the information provided in this form is true and correct. I understand that falsifying, or not providing the requested information, will immediately invalidate this request.  I admit to be responsible of safe guarding my Digital Certificate. DNE Labs cannot be made responsible for improper use or handling of my Digital Certificate. On the other hand, if I have any suspicion that my Digital Certificate has been compromised, in any way, I understand that the incident must be reported as soon as possible.	
Applicant's Signature: _____	Date: _____

Only valid when submitted through email.

Revision Date: February 8, 2016.