



Service Request Form

Full Name			
Professional License Number			
License Type	<input type="checkbox"/> PE <input type="checkbox"/> PE/RPA <input type="checkbox"/> PS <input type="checkbox"/> Arq.		
Service			
Digital Certificate Registration Process			
Current Driver's License		Current Professional License Copy	
Image		Image	
Assign Credentials			
Password		Pin Code	
Between 6 and 20 characters long (letters, numbers, or symbols can be used)		Four (4) digits only (for security reasons, try not to use your ATM or Credit card number)	
Terms of Service			
<p>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.</p> <p>I admit to be responsible of safe guarding my Digital Certificate. DTE, LLC 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.</p> <p>I understand that DTE, LLC will not divulge any information to non-authorized parties or individuals.</p>			
Applicant's Signature: _____			Date: _____

Only valid when submitted through email.

Revision Date: February 9, 2016.