



OATI webCARES Unaffiliated Individual Application Form

To become an OATI webCARES subscriber, each applicant must complete the OATI Subscriber Identification and Verification Procedure (SIVP). The OATI SIVP will ensure that every user of the webCARES system is a recognized and trusted user of the system. To begin the process of becoming an OATI webCARES Subscriber, please fill out the form below, print the completed form, and Mail the original to webCARES Support at OATI.

For more information relating to the OATI webCARES System and becoming a subscriber, please see the OATI Certification Practice Statement, located at the following URL: (<http://www.oaticerts.com/repository/>).

Mailing Address: OATI webCARES Support
2300 Berkshire Lane North
Maildrop F
Minneapolis, MN 55441

Unaffiliated Individual Information (all fields required):		
Name - First:	Last:	MI:
Home Address ¹ :		
City:	State/Province:	
Zip/Postal Code:	Country:	
Home Phone:	Date of Birth:	
E-Mail Address:		
Place of Birth City/State/Country:		

Open Access Technology International, Inc.
2300 Berkshire Lane N, Maildrop F, Minneapolis, MN 55441
Phone: (763) 201-2000 Fax: (763) 553-2813 webCARES@oatiinc.com

CONFIDENTIAL INFORMATION: This document(s) contains confidential and/or proprietary information of Open Access Technology International, Inc. Do not copy or distribute without the prior written consent of OATI.

Individual Identity Information:	
Valid Credit Card Number and Type:	Expiration Date:
Credit Card information is required. Additionally, please submit one of the following additional items of personal identification information:	
Driver's License Number:	State of Issuance:
State Identification Card Number:	State of Issuance:
Passport Number:	
Alien Registration Number:	
Social Security Number ⁱⁱ :	

Signature	
By signing below, you consent to allowing OATI to verify all of the information provided on this form. If you do not sign the form, then OATI cannot begin the procedure of verifying you as a user for access to the OATI webCARES system.	
Signature:	Date:
_____	_____

--

ⁱ Addresses listed as PO Boxes will not be processed – these applications will automatically be deemed unsuccessful.

ⁱⁱ For Canadian citizens, the Canadian Social Insurance Number may be substituted for the US Social Security Number.