

Internal Credential Management Device, Group and Application Credential Application / Change Request

1A. Credential Information				
Credential Type:	Device <input type="checkbox"/>	Group <input type="checkbox"/>	Application <input type="checkbox"/>	Role <input type="checkbox"/>
Action Requested:	Create <input type="checkbox"/>	Recover <input type="checkbox"/>	Revoke <input type="checkbox"/>	Change <input type="checkbox"/>
Device Credential Requirements:	Activation Codes <input type="checkbox"/>	Permit Server Login <input type="checkbox"/>	VPN Connector Software <input type="checkbox"/>	
Distinguished Name String:				
1B. Credential Owner Information				
Government Level:	Federal <input type="checkbox"/>	Provincial/Territorial <input type="checkbox"/>	Municipal <input type="checkbox"/>	
Employee Status:	Indeterminate <input type="checkbox"/>	Term <input type="checkbox"/>	Term End Date:	
Surname:		Given Name:		Initials:
Title:		Email Address:		
Organization:		Building/Location:		City:
NOTE: To protect this type of credential all recovery, distinguished name change and revocation requests must be approved by the credential owner (for Recovery, Change and Revoke request only)				
Credential Owner Approval		Signature:		Date:
2. Credential Recovery Information				
Recovery Reason:				
Other:				
3. Distinguished Name Change Information				
New Common Name:				
New Directory Location:				
New Email Address:				
New Credential Owner: Yes: <input type="checkbox"/> If yes, section 1B Credential Owner Information must be completed.				
4. Credential Revocation Information				
Revocation Reason:				
Other:				
5. Local Registration Authority (LRA) Information				
LRA Full Name:				
Depart/Agency/Organization:				
Telephone Number:			Email Address:	
6. Local Registration Authority (LRA) Declaration				
I declare that I have or the Guarantor has verified (or will be verifying) the credential owner's identity by having the owner provide 2 proofs of identity one with a picture and both with signatures and valid expiration dates. Such as: Departmental ID, Drivers License, Passport or Other. <input type="checkbox"/>				
I declare that I have ensured (or will ensure) that the Applicant has read the ICM myKEY Terms of Use. <input type="checkbox"/>				
Signature:			Date: (DD/MM/YY)	
For LRA use only KMC Fax Number: 613-946-9133 KMC Email: GCGJICGC.GCICMKMC@tpsgc-pwgsc.gc.ca KMC Group Key: Group, PKI OPS				



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ICM myKEY Terms of Use

1. General

I ask Public Works and Government Services Canada (PWGSC) to issue me **myKEY** (PKI ID-based credential). In order for PWGSC to issue **myKEY**:

- a) I understand and agree that certain identifying information about me will be disclosed in a public repository located in the PWGSC Public Key Infrastructure (PKI) x.500 directory.
- b) I agree that my use and reliance on **myKEY** is subject to these terms of use and any policy or guideline as presented by the Government of Canada.
- c) I agree that these terms and conditions could change and I will be bound by any amendments to them upon notification.
- d) I acknowledge that my Department may have additional PKI usage practices and that I should inquire with my Security Branch.
- e) I agree to notify my Local Registration Authority (LRA) if my information changes or if my employment has terminated.
- f) I acknowledge that the ICM CA cannot be held responsible or liable for any loss, damage or disruption.
- g) I take full responsibility for my actions in the use of **myKEY** and understand that any violation of the spirit or intent of the ICM CA access rules and regulations can lead to loss of privilege or some other action.

2. Identification Information

- a) I acknowledge that the information I submit is true and complete.

3. Protection of Keys

- a) I agree to keep all password(s), token(s) and private key(s) confidential, and to take all reasonable measures to prevent the loss, unauthorised disclosure, modification or use of any password(s), token(s) and private key(s).
- b) I agree and acknowledge that PWGSC will keep a copy of my private confidentiality key(s) but will not disclose this key except with my consent, or where required by law.
- c) I agree and understand that PWGSC will not keep a copy of my digital signing key(s).

4. Acceptable Use or Reliance

- a) I will use and rely on **myKEY** only for dealing with and within the GC.

5. Revocation of Certificates

- a) I may request PWGSC to revoke **myKEY** at any time.
- b) I must promptly request my LRA or PWGSC to revoke **myKEY** in certain circumstances. These circumstances are if:
 - my password(s), token(s) or private key(s) is/are or may be compromised or insecure; or
 - my employment has terminated.
- c) I acknowledge that PWGSC may revoke **myKEY** if:
 - PWGSC suspects that **myKEY** has been compromised; or
 - the credential of the issuing Certification Authority is revoked; or
 - if I fail to comply with my obligations under these terms and conditions; or
 - if my employment has terminated.

To learn more about ICM and its products and services, please go to:

<http://www.tpsgc-pwgsc.gc.ca/gji-icm/>



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