

TTT OID Registration Authority
c/o
Fraunhofer-Institut für Sichere Informationstechnologie
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Copy of TTT-OID RA / Applicant

Application Form for Object Identifier (OID) Assignment

1. Applicant

Name of Organisation	
Address	
Contact Partner	
Tel.	E-Mail

2. Object, for which an OID is requested

Name of Object
Precise Description (or reference to a precise description)
References (referenced documents to be attached)
Intended Usage
Application Context (optional)
Suggested OID Branch

The TeleTrust OID assignment rules are known and accepted.

Stamp of Applicant's Organisation Date _____ City _____

Signature(s) _____

OID Name
OID No

Stamp of TTT-OID Date _____ City: Darmstadt

Signature