TeleTrusT OID Registration Authority
c/o TeleTrusT – IT Security Association Germany
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Copy for TeleTrusT-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 IOD 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 TeleTrusT-OID

Date ..... City .....

Signature(s) .....

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