

**IEEE/ANSI/MEASUREMENT CANADA OBJECT ID (OID) OVERSIGHT COMMITTEE
APPLICATION FOR BECOMING A CERTIFIED REGISTRAR**

**REGISTRAR COMPANY AND PERSONNEL INFORMATION
AND AGREEMENTS**

REGISTRAR'S INFORMATION			
	COMPANY NAME	TELEPHONE NUMBER	FAX NUMBER
	COMPANY ADDRESS 1	CITY	STATE / PROVINCE
	COMPANY ADDRESS 2	ZIP / POSTAL CODE	COUNTRY
	E-MAIL ADDRESS	WEB ADDRESS	
ADMINISTRATIVE CONTACT INFORMATION			
	CONTACT NAME	TELEPHONE NUMBER	FAX NUMBER
	CONTACT ADDRESS 1	CITY	STATE / PROVINCE
	CONTACT ADDRESS 2	ZIP / POSTAL CODE	COUNTRY
	E-MAIL ADDRESS	WEB ADDRESS	
INTELLECTUAL PROPERTY VIOLATIONS	Have you or any of your personnel dedicated to the proposed Registrar work tasks or your company ever been involved with Intellectual Property infringement and/or theft resulting in legal suits against you, your personnel or your company or associates? If yes, explain the circumstances and detailed information of each incident.		
LEGAL VIOLATIONS	Have you or any of your personnel dedicated to the proposed Registrar work tasks ever been convicted of any crime(s) with the exception of minor traffic violations? If yes, explain the circumstances and detailed information of each incident.		
REFERENCES	Professional references may be requested. Applicants should be prepared to provide their contact information – See Attached.		
I AGREE TO ABIDE BY THE RULES OF CONDUCT FOR CERTIFIED REGISTRARS AS STIPULATED BY THE OVERSIGHT COMMITTEE.			INITIALS
I UNDERSTAND THAT ANY VIOLATION OF THE RULES OF CONDUCT FOR CERTIFIED REGISTRARS MAY RESULT IN A REVIEW OF MY STATUS AS A CERTIFIED REGISTRAR BY THE COMMITTEE.			INITIALS
I AGREE TO ABIDE BY THE DECISION(S) OF THE OVERSIGHT COMMITTEE IN MATTERS OF DISPUTE RESOLUTIONS.			INITIALS
I AFFIRM THAT THE INFORMATION PROVIDED HERE IS ACCURATE TO THE BEST OF MY KNOWLEDGE.			INITIALS

IEEE/ANSI/MEASUREMENT CANADA OBJECT ID OVERSIGHT COMMITTEE REGISTRAR REQUIREMENTS

SECURITY REQUIREMENTS	1.	Unless requested otherwise by the Registrar's client(s), the Registrar shall maintain complete security and confidentiality of the Clients' Table Definition Language (TDL) and any other client data supplied to the Registrar.
	2.	The Registrar shall release data or portions of the Client's data if and only if the Client has given explicit permission to the Registrar.
MINIMUM CAPABILITY	1.	To become a Certified Registrar, the applicant must provide a certificate of compliance, from an agency selected by the Oversight Committee, of its TDL representation of the IEEE 1377 / ANSI C12.19 / MC1219 and all Tables from the supporting Standards to the Oversight Committee. [<i>The criteria for TDL certification shall be determined by the Oversight Committee in a manner that the certification process is reasonable and does not impose undue financial hardship on the registrars.</i>]
	2.	The minimum service available shall be the proper issuance of Device Class OIDs, ApTitle OIDs and Security Mechanism OIDs to its Clients. Note that Registrar is not required to provide any additional services.
LISTING REGISTRAR COMPANY AND SERVICES AVAILABLE	1.	Registrar shall provide contact information and service(s) available for representation on the NAEDRA website. Please use Registrar contact information form provided by the Oversight Committee.
	2.	Any services available for selection, or listed on the NAEDRA website shall be determined by the Oversight Committee.

**IEEE/ANSI/MEASUREMENT CANADA OBJECT ID OVERSIGHT COMMITTEE
Registrar Proposed Operation**

**IN THE SPACE PROVIDED BELOW, DESCRIBE YOUR PROPOSED REGISTRAR OPERATION TO ACCOMPLISH THE
MINIMUM REQUIREMENTS**

SIGNATURE OF APPLICANT

I certify the information provided in this application is truthful, accurate to the best of my knowledge.

Printed Name		Title	
Signature		Date	
Company Name			
Company Address			
City			
State or Province			
Zip or Postal Code			
Work Number			
Fax Number			
Cell Number			
E-Mail Address			

Please mail your completed and notarized application to the following address:

Terry L. Penn, Chairman, OID Oversight Committee
Metering Services / BIN 50023
62 Lake Mirror Road, Bldg. 2C
Forest Park, GA. 30297-1613
USA

For inquiries, please send your e-mail to: inquiry@naedra.org

NOTARY OF APPLICATION

Country	
State or Province	
County	

On this, the _____ day of _____, 20_____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public	
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