

## **PROFESSIONAL OPINION LETTER**

*Instructions for completion of this professional opinion letter (this “professional opinion letter”):*

*1. This professional opinion letter may be authored by either:*

*A. An independent legal practitioner retained by and representing applicant (or an in-house legal practitioner employed by applicant) (“legal practitioner”) who is either:*

*I. A lawyer (or solicitor, barrister, advocate, or equivalent) licensed to practice law in the country of applicant’s jurisdiction of incorporation or registration or any jurisdiction where applicant maintains an office or physical facility, or*

*II. A Latin Notary that is a member of the International Union of Latin Notaries, and is licensed to practice in the country of applicant’s jurisdiction of incorporation or registration or any jurisdiction where applicant maintains an office or physical facility (and that such jurisdiction recognizes the role of the Latin Notary); or*

*B. An independent accounting practitioner retained by and representing applicant (or an in-house accounting practitioner employed by applicant) (“accounting practitioner”) who is a certified public accountant, chartered accountant, or has an equivalent license within applicant’s jurisdiction of incorporation, jurisdiction of registration, or any jurisdiction where applicant maintains an office or physical facility. Verification of license must be through that jurisdiction’s member of the International Federation of Accountants (“IFAC”) or through the regulatory organization in that jurisdiction appropriate to contact when verifying an accountant’s license to practice in that jurisdiction.*

*2. Starfield technologies, LLC. will verify the authenticity of this professional opinion letter by contacting the author.*

*3. For further information on the extended validation certificate vetting process, please refer to the most recent version of the guidelines for the issuance and management of extended validation certificates (the “guidelines”), which may be found at <http://www.cabforum.org/documents.html>.*

**PROFESSIONAL OPINION LETTER**

<b>To:</b>	<u>Mailing Address:</u> Starfield PKI c/o Starfield Technologies, LLC. 2155 E Warner Rd Tempe, AZ, 85284  <u>Facsimile:</u> (480) 247-4224  <u>Email Address:</u> evdocs@starfieldtech.com
<b>Company/Applicant:</b>	<hr/> <i>Insert Exact Legal Name of Applicant indicated on the Extended Validation Certificate Request</i>
<b>Domain Name(s):</b>	<hr/> <i>List the domain name(s) to be included in the Extended Validation Certificate(s).</i>

**To Starfield Technologies, LLC. ("Starfield"):**

I have been retained by and represent Applicant. I have been asked by Applicant to present you with my opinion as stated in this Professional Opinion Letter. My opinion is based on my familiarity with the relevant facts and the exercise of my professional judgment and expertise.

*[Optional: Insert customary preliminary matters for opinion letters in your jurisdiction.]*

On this basis, I hereby offer the following opinion:

1. \_\_\_\_\_ **[Insert Exact Name of Contract Signer indicated on Extended Validation Certificate Request]** is employed by Applicant as \_\_\_\_\_ **[Insert Exact Title of Contract Signer indicated on Extended Validation Certificate Service Subscriber Agreement]**, and has the necessary authority to act on behalf of Applicant in matters relating to SSL Certificate requests.

2. Applicant has a physical presence and conducts business operations at the following Place of Business (May NOT be a drop box, PO Box, care of C/O or virtual office address):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone Number (Including Area/Country Code): \_\_\_\_\_

*[Letterhead of Practitioner]*

3. Applicant **[choose one]**:

a.  Does not conduct business under an assumed/trade name (a "DBA Name").

b.  Conducts business under an assumed/trade name (a "DBA Name"), and such DBA Name is:

\_\_\_\_\_

which is registered and currently valid within the (City and/or County and/or State and/or Country) of:

\_\_\_\_\_.

4. Applicant has an active and current Demand Deposit Account with a regulated financial institution.

**Only complete items 5 through 8 if the Applicant is a Government Organization.  
In that case, please also attach a copy of the supporting documentation used to establish the  
Applicant's legal existence, such as a certificate of registration, articles of incorporation,  
operating agreement, statute, or regulatory act.**

5. The Government Organization operates under the formal legal name of:

\_\_\_\_\_

6. The Government Organization date of registration or formation is: \_\_\_\_\_

7. The identifier for the legislative act that created the Government Organization is:

\_\_\_\_\_.

8. The Government Organization is a legally recognized government entity incorporated/organized in the following jurisdiction: \_\_\_\_\_,

and is validly existing and in good standing under the laws of such jurisdiction.

***[Optional: Insert customary limitations and disclaimers for opinion letters in your jurisdiction.]***

By: \_\_\_\_\_

(Signature)

Name: \_\_\_\_\_

(Printed name)

Date: \_\_\_\_\_

Professional Capacity **[choose one]**:  Legal Practitioner  Accounting Practitioner

*[Letterhead of Practitioner]*

**Name of agency (Law Society, Accountancy Board/Association, etc) where Starfield Technologies, LLC may verify your authority to practice:**

Authorizing Agency: \_\_\_\_\_  
*e.g. State Bar of Arizona, Arizona State Board of Accountancy, Law Society of Ireland, Institute of Chartered Accountants of India, etc.*

**Contact information for the Firm submitting Professional Opinion where Starfield may verify the authenticity of this letter:**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Telephone Number (Including Area/Country): \_\_\_\_\_