NSI Certification/Verification

Update Registration Form

Version 1.0  
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# Introduction

# *This form is used for certified/verified business entities for updating either Organizational information and/or contact information. Please complete all pertinent fields and submit to the Certification and Verification Authority.*

# What is the purpose of the submission?

*Please check all that apply.*

\_\_\_\_ Add \_\_\_\_ Update \_\_\_\_ Remove

\_\_\_\_ Organization \_\_\_\_ Contact

# Submitter Information

Enter the name of person submitting request:

|  |
| --- |
|  |

# Organization Name

Enter the name of your Organization:

|  |
| --- |
|  |

Is this a name change? If so, enter the previous name:

|  |
| --- |
|  |

# Business Practice Information

Enter the new Business Practice Location address:

|  |
| --- |
|  |

# Contact Information

Should the organizational contacts change, please provide the updated information in the appropriate section.

* The **Authorized Signatory** who will authorize your organization's registration. The Authorized Signatory must be someone who is authorized to enter into legal commitments on behalf of the organization.
* The **Primary Certification/Verification Contact**, who will be the organization's primary contact for all certification/verification-related issues.
* An optional **Alternate Certification/Verification Contact** , who will be the back-up for the Primary Certification/Verification Contact.
* The organization **Finance Contact**, who will be the contact for any organization-level payment and/or invoicing issues, and for payment/invoicing issues for individual registrations in cases where no business practice or technology specific Finance Contact is specified.
* An optional organization **Marketing Contact**, who will be the contact for any organization-level marketing-related certification/verification issues and for marketing-related issues for individual registrations in cases where no business practice or technology specific Marketing Contact is specified.
* Optional **Technical Contacts**, who will have the ability to register business practices and technologies for certification or verification, in addition to the Primary Certification/Verification Contact, Alternate Certification/Verification Contact, and Authorized Signatory.

## Authorized Signatory:

|  |
| --- |
| Name:  Title:  Email: |

Previous Authorized Signatory:

|  |
| --- |
| Name:  Email: |

## Primary Contact:

|  |
| --- |
| Name:  Title:  Email: |

Previous Primary Contact:

|  |
| --- |
| Name:  Email: |

## Alternate Contact:

|  |
| --- |
| Name:  Title:  Email: |

Previous Alternate Contact:

|  |
| --- |
| Name:  Email: |

## Finance Contact:

|  |
| --- |
| Name:  Title:  Email: |

Previous Finance Contact:

|  |
| --- |
| Name:  Email: |

## Marketing Contact:

|  |
| --- |
| Name:  Title:  Email: |

Previous Marketing Contact:

|  |
| --- |
| Name:  Email: |

## Technical Manager:

|  |
| --- |
| Name:  Title:  Email: |

Previous Technical Manager

|  |
| --- |
| Name:  Email: |

## Quality Manager:

|  |
| --- |
| Name:  Title:  Email: |

Previous Quality Manager

|  |
| --- |
| Name:  Email: |