



## IDENTITY VALIDATION FORM

### Purpose

For use by a ShieldHub registered User who is unable to provide valid government-issued ID documentation and biometric validation through ShieldHub's digital identity verification provider.

### Instructions

This form must be completed and executed in the presence of a commissioned Notary Public in the user's jurisdiction.

The Notary Public completing the verification must email a copy of the completed Identity Validation Form and the Acknowledgement with the Notary's commission seal to [compliance@shieldhub.com](mailto:compliance@shieldhub.com) for processing.

### I. DECLARANT INFORMATION

FULL LEGAL NAME	DATE OF BIRTH (MM/DD/YYYY)
MOBILE TELEPHONE NUMBER	EMAIL ADDRESS (SHIELDHUB REGISTERED USER ACCOUNT)

#### CURRENT RESIDENTIAL STREET ADDRESS

STREET ADDRESS		
APT/UNIT		
CITY	STATE	ZIP

## II. DOCUMENT INFORMATION

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**Valid (excludes expired or temporary) Government-Issued Identification (check one):**

- ☐ Driver's License from all 50 states, the District of Columbia (DC), and other U.S. territories (Guam, U.S. Virgin Islands, American Samoa, Mariana Islands, and Puerto Rico).
- ☐ U.S. Passport issued by the U.S. Department of State.
- ☐ State Identification Card issued by the state, the District of Columbia (DC), or U.S. territory that asserts identity but does not grant driving privileges.
- ☐ Tribal Nation Issued Identification, must include at least one indicator for DHS, REAL ID, or Enhanced Tribal Card (ETC) compliance.

<b>ISSUING AGENCY</b>	
<b>ID NUMBER</b>	<b>EXPIRATION DATE (MM/DD/YYYY)</b>

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## III. DECLARATION

I, the undersigned, hereby declare under penalty of perjury that the above information is true and correct, and that I am the individual identified herein. I understand this Identity Validation Form will be used for the purpose of verifying my identity in connection with notarization or other lawful purposes.

<b>SIGNATURE OF DECLARANT</b>	
<b>PRINTED NAME</b>	<b>SIGNATURE DATE (MM/DD/YYYY)</b>

#### IV. NOTARY PUBLIC ACKNOWLEDGEMENT

STATE OF	COUNTY OF
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On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_ (Notary Name), personally appeared \_\_\_\_\_ (Full Legal Name of Declarant), who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of \_\_\_\_\_ that the foregoing paragraph is true and correct.

**WITNESS my hand and official seal.**

NOTARY PUBLIC SIGNATURE	NOTARY PUBLIC SEAL
NOTARY PUBLIC NAME	
NOTARY COMMISSION NUMBER	
MY COMMISSION EXPIRES (MM/DD/YYYY)	
TELEPHONE	EMAIL