## Applicant Information:

|  |  |
| --- | --- |
| **Last Name** | **First Name** |
|  |  |
| **Primary Address** | **Apt.** |
|  |  |
| **City** | **State** |
|  |  |
| **Zip Code** | **Telephone #** |
|  |  |
| **E-Mail** | **Organization** |
|  |  |
| **Intended Use for Direct Account**  |
|  |

## User ID:

Michigan Health Information Network Shared Services (MiHIN) will assign a User ID to each user in the following format: Personal: firstname.lastname@domain or Service: companyname.usecase.externalidentifier@domain (User ID noted in red).

## ID Type:

***(Check One)***

The below boxes are a list of acceptable documents. All documents must be UNEXPIRED.

**🞎 U.S. State Issued Driver License**

**🞎 U.S. State Issued ID**

**🞎 U.S. Government ID Cards**

**🞎 U.S. Military ID**

**🞎 Passport**

**🞎 Driver License With Photo From Another Country**

## Official Signature:

I attest, under penalty of perjury, that I am the person listed on this application whose identification is being verified with the stated documents. False statements made knowingly and willfully in this application, including affidavits or other documents submitted to support this application, may be punishable by fine and/or imprisonment under US law.

|  |  |
| --- | --- |
| **Signature of Applicant** | **Date** |
|  |  |

## Certification:

I attest, under penalty of perjury that (1) I have examined the document(s) presented by the above-name individual, (2) the above listed document(s) appear to be genuine and relate to the individual.

Notary preparer complete this section:

|  |  |
| --- | --- |
| **Signature of Notary Preparer** | **Date** |
|  |  |
| **Company** | **Title** |
| **Last Name** | **First Name** | **Address** | **Apt. #** |
|  |  |  |  |
| **City** | **State** | **Zip Code** | **Phone** |
|  |  |  |  |