GSCCCA Real Property System Sponsor Contact Information Form

Version 07/16/2026

To maintain GSCCCA Real Property System certification, system Sponsors are to provide and maintain the following information with the GSCCCA. This completed form is to be emailed to the GSCCCA at: indexing@gsccca.org with the email subject "Real Property System Sponsor Contact – (*sponsor name*)"

Sponsor: _____

(Formal, legal company name, government agency, or equivalent)

Names of Recording System(s) this form pertains to: _____

Official Contact This must be one human individual with authority to legally commit Sponsor. This contact is intended to be used for official and legal notices such as certification revocations, etc.

Official Contact Name*: _____

Job title with Sponsor*: _____ Email address*: _____

Telephone*: (__ __ __) __ __ __ - __ __ __ __ o c f. (__ __ __) __ __ __ - __ __ __ __ o c f. (__ __ __) __ __ __ - __ __ __ __ o c f.

Note: for "ocf", circle whether each telephone number is best described as Office, Cell, or Fax

_____

_____

_____

Physical mailing address of Official Contact suitable for service of legal notices to Sponsor*

Operational Contact This must be one human individual and may be the same as the Official Contact. This individual is to be knowledgeable of the technical and operational aspects of the System and will be used by the GSCCCA to communicate technical and support information including Real Property program changes, new System requirements, identified issues with the System, etc.

Operational Contact Name*: _____

Job title with Sponsor*: _____ Email address*:_____

Telephone*: (__ __ __) __ __ __ - __ __ __ __ o c f. (__ __ __) __ __ __ - __ __ __ __ o c f. (__ __ __) __ __ __ - __ __ __ __ o c f.

Note: for "ocf", circle whether each telephone number is best described as Office, Cell, or Fax

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Physical mailing address of Operational Contact

Additional Support Contact(s) Provide up to three optional contacts that may be humans, helpdesks, listservs, external after-hours support agents, etc. for additional support purposes.

_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Email and/or phone	Description or available hours

** Indicates data that is required to be provided to the GSCCCA and updated when applicable.*

I certify that I am authorized by Sponsor to provide this information. I acknowledge that the GSCCCA may publish all information from this form publicly.

_____	_____	_____	_____
Signature	**Date**	**Printed Name**	**Job Title**