## Application for Kantara Service Approval

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| VersionPublication DateEffective DateStatusApproval AuthorityApproval© 2020 | 7.12020-10-15ImmediateFinalARB2020-08-24 |

 *To submitting CSPs: This application is the first item to complete as part of your process towards being granted an Approval for your Service(s). This application is provided to you in editable format for download and completion. Submit this document, along with the requisite materials noted below, to* secretariat@kantarainitiative.org *Modify or delete light-blue text as your circumstances dictate. Be sure to complete the “Additional Requirements” Annex at the end of this form if you intend to apply
US FICAM profiles to your service assessment. Submit questions to* secretariat@kantarainitiative.org *for prompt response. Feel free to apply your own logos etc.*

*Applicants should be fully familiar with,* inter alia*, Kantara’s: Service Approval Handbook; Service Assessment Criteria, available at the* [*IAF Controlling Documents*](https://kantarainitiative.org/identity-assurance-framework/) *website.*

1. Name of Applicant Organization:  «applicant»
2. Any ‘DBA’ aliases: «»
3. Informational uri: «applicant’s home uri»
4. Name & position/office/role of person having the authority to represent the organization (hereafter to serve as the point of contact for the application process):

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Second authoritative PoC, details as above:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Name & position/office/role of person as a service provision point of contact:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Second service provision PoC, details as above:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. State all jurisdictions in which the service is offered, primary first – give country and state/region where applicable:

|  |  |
| --- | --- |
| Country | State/Region/Province/Department/etc. |
| USA | All States |
| «Other, or delete» | «Other, or delete» |

1. **Scope of Assessment / Approvals being sought**

**Please select the applicable Class of Approval; Assurance Level(s); and Applicable Service Descriptor/Approval type by reference to** [**https://kantarainitiative.org/trustoperations/classes-of-approval/**](https://kantarainitiative.org/trustoperations/classes-of-approval/) **and indicate those selections below:**

**Class of Approval** xxx **Service Descriptor:** xxx **Applicable Assurance Level(s)** xxx

**If the Scope of Assessment includes 63C\_SAC (Federation) conformity, state below the unique id (e.g. uri, oid, …) of the applicable Federation Agreement(s):**

Applicable Federation Agreement unique id(s)»

1. Details of service for which approval is being sought: please attach, or provide a URL for, your [Specification of Service Subject to Assessment](https://kantarainitiative.org/download/service-description-s3a/) (S3A) document, to be given to the Accredited Assessor when you commence your assessment (note – the S3A is supported by the required SoCA which is also referenced below):

Refer to «S3A filename of applicable doc, to be supplied with this application»

1. [Statement of Criteria Applicability (SoCA)](https://kantarainitiative.org/identity-assurance-framework/service-provider-approval/) – please provide a link to, or give the name of an accompanying document which defines your SoCA against the criteria identified for the specific service:

SoCA: Refer to «SoCA filename/document title/url»

1. Statement of Conformity (SoC) – unless this is an Initial application, please provide a link to, or give the name of an accompanying document which defines your SoC against the criteria identified in the applicable SoCA and state the version(s) of the SAC(s) on which that SoC is based:

Applicable SoC : Refer to «SoC filename / document title / url»
2. Provide information about how you would like to be billed for your application fee (contact information, PO # if applicable, etc):

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Check here to acknowledge that you accept the terms of the [Kantara Trademark License Agreement (TMLA) v3.1](https://kantarainitiative.org/download/tmla-v3-1/)
 🞎 Yes 🞏 No

If you do not, please explain why (expand space as needed and/or attach relevant feedback with your application).

Response if TMLA declined, otherwise delete.

1. a) For an Initial Application, some organizations prefer to keep private the fact that they are in the process of undergoing an assessment, until they have been successfully assessed, which is Kantara’s default policy.

Check here if you WOULD like to include your organization’s name, service name and scope and primary contact info included on the “Registered Applicants” list, which identifies those organizations that have applications in process:
 🞎 Yes

b) For an Approval Application, applicants usually want their successful Approval to be widely publicized, which is Kantara’s default policy.

Check here if you WOULD NOT like to include your organization’s name, service name and scope and primary contact info included on the “Trust Status List” list, which identifies those services which have been granted Kantara Approval:
 🞎 No

1. Authorized Representative’s Signature (one of the persons named in either of §4 or §5, above):

*Name
Role/Title
yyyy-mm-dd*

*Thank you for completing the Application for Kantara Approval. Email this application and all supporting documents to* *secretariat@kantarainitiative.org* *The Secretariat will contact you to confirm the receipt of all of your completed information and inform you of next steps.*