

Identity Ecosystem Steering Group (IDESG)

Self-Assessment Listing Service (SALS)

APPLICATION INSTRUCTIONS & ATTESTATION FORMS

December, 2015

Purpose of the SALS program

The IDESG Baseline Functional Requirements ("Baseline Requirements") are a community-based set of criteria indicating the functional capabilities that are necessary to meet the goals of the National Strategy for Trusted Identities in Cyberspace (NSTIC), as stated in the Identity Ecosystem Framework (<https://www.idesg.org/The-ID-Ecosystem/Identity-Ecosystem-Framework/Development-of-the-IDEF>) published by IDESG.

Identity Ecosystem Service Providers ("Service Providers") are encouraged to use the Baseline Requirements as guidance for the competencies necessary for full participation in safe online identity ecosystems. See the IDESG Functional Model (https://wiki.idesg.org/wiki/index.php?title=IDESG_Functional_Model) for further discussion about the various "digital identity management functions" performed by identity service providers. Service Providers who voluntarily participate in the SALS assist IDESG by sharing information about the feasibility and status of industry adoption of NSTIC's goals.

IDESG recognizes variations among Service Provider organizations and operations and offers these options to provide flexibility and choice in the self-assessment and reporting process. The IDESG SALS maintains two separate listings – Listed Providers and Applicant Providers. **Listed Providers** have asserted full compliance with all applicable Baseline Requirements. **Applicant Providers** are working toward full compliance with all applicable Baseline Requirements.

Each step of the IDESG SALS process is a voluntary program. Service Providers who choose to participate as Applicant Providers are *not* required to apply for Listed Provider status at a later time. However, all persons providing information to IDESG for posting in the SALS program are required to agree to the IDESG SALS Supplemental Terms of Use (https://wiki.idesg.org/wiki/index.php?title=SALS_Supplemental_Terms_of_Use).

Instructions for submissions to the SALS program

Service Providers that have successfully self-assessed against all the applicable Baseline Requirements and would like to be included in the public listing of SALS Listed Providers should use the Full Compliance Attestation Form in Appendix A to assert full compliance.

Service Providers who are working toward full compliance with the applicable Baseline Requirements may report interim results of their self-assessments — even if they have not yet completed their entire self-assessment against all applicable requirements. The status report option is intended to be an information-sharing resource to report and promote implementation of the requirements. Service Providers who would like to be included in the SALS Applicant Providers should use the Status Report Attestation Form in Appendix B.

Completion and submission of the Self-Assessment Matrix, and either of the Appendix A or Appendix B Attestation Forms, serves as both an application, made by the Service Provider indicated below, for listing on the IDESG SALS, subject to the terms of the IDESG SALS Supplemental Terms of Use, and as an attestation to successful or in-progress completion of the self-assessment process through application of the Baseline Requirements (that is, privacy, security, standards, and user experience criteria).

After Service Providers have submitted their Self-Assessment Matrix and a completed version of either Appendix A or Appendix B to this document ("Completed Application Package"), IDESG will perform a limited review of the Application Package to verify the authenticity of the submission and to ensure that the application is complete. IDESG will then upload the Self-Assessment Matrix to the SALS, displaying it for public information. The Matrix is designed to serve as a disclosable document. After a successful submission, the provider's Attestations are not publicly posted, but its Matrix is. Submitting a Completed Application Package also grants IDESG permission to publish the Service Provider's Self-Assessment Matrix in accordance with the Terms of Use and the SALS Data Handling and Usage Policy (https://wiki.idesg.org/wiki/index.php?title=Data_Handling_and_Usage_Policy).

All sections of an Attestation Form marked as mandatory ("**") must be completed when it is submitted. If for any reason it may be difficult to verify some, or all, of the information provided, please explain on the Attestation Form.

APPENDIX A: FOR LISTED PROVIDERS

IDESG SALS Full Compliance Attestation

*Please Note: Bracketed numbers ("**<1>**") in this Appendix refer to the index numbers in the data elements list in Appendix 1 to the SALS Data Handling and Use Policy.*

*All sections of this Attestation marked as mandatory ("******") must be completed. When submitted to IDESG, this document must be signed, and should be submitted on the most recent version of the downloadable PDF form of Full Compliance Attestation available from the SALS Application Packet website. (https://wiki.idesg.org/wiki/index.php?title=SALS_Application_Package)*

Part 1. Reporting Entity ("Service Provider") Information

Name of Service Provider: ****** **<1>**

Service Provider's Physical Address: ******

Street Address: **<2a>**

City: **<2b>**

State/Province: **<2c>**

Country: **<2d>**

Postal Code: **<2e>**

Check box if mailing address is same as physical address: _____

Mailing Address ****** (If mailing address is different than business address:)

Street Address or Box: **<3a>**

City: **<3b>**

State/Province: **<3c>**

Country: **<3d>**

Postal Code: **<3e>**

Provider's General Telephone: **<4>**

Provider Email: **<5>**

Provider URL:****** **<6>**

Identity Service-specific URL to be referenced, if any: **<7>**

Point of Contact ("PoC") for application information:

PoC Name: ** <8>

PoC email: ** <9>

PoC Telephone: ** <10>

DUNS Number: ** <11>

or No DUNS Number: Check box: ____

If no DUNS Number, then:

Jurisdiction of Registration or Legal Formation (State/Locality): ** <12a>

Date of Registration or Legal Formation: ** <12b>

Government-assigned Registration, Incorporation, or Business License Number: <12c>

Applicant Service Description:

applicant's option, for inclusion in any listing: 200 word limit <13>

(at

Please provide any needed explanations regarding unavailable information here:

Part 2. Assessed Services:

Applicant provides the following types of digital identity management functions (activities or services) assessed in this report:

**** [Check all that apply.]**

- a. Registration _____ <14a>
- b. Credentialing _____ <14b>
- c. Authentication _____ <14c>
- d. Authorization _____ <14d>
- e. Transaction Intermediation _____ <14e>

(See the Functional Model for more information on each function:

[https://wiki.idesg.org/wiki/index.php?](https://wiki.idesg.org/wiki/index.php?title=IDEF_Glossary_DIGITAL_IDENTITY_MANAGEMENT_FUNCTIONS)

[title=IDEF_Glossary_DIGITAL_IDENTITY_MANAGEMENT_FUNCTIONS](https://wiki.idesg.org/wiki/index.php?title=IDEF_Glossary_DIGITAL_IDENTITY_MANAGEMENT_FUNCTIONS))

Part 3. Self-Assessment Information

Self-Assessor Name:** <15>

Self-Assessor Title:** <16>

Email:** <17>

Telephone: ** <18>

Part 4. Self-Assessment Report Date

Assessment Completion Date:** <19>

Please note: This must match the date on the Self-Assessment Matrix. (This is the date "as of" which your information will be reported to be current. Information submitted in the application must be current as of this date.

A completed Self-Assessment Matrix MUST be attached to or delivered with this form, in order to make a valid complete submission.

**** Please check one:** All of the applicable Requirements listed in the attached Matrix have been satisfied, as noted on the Matrix. <20>

_____ Yes

_____ No

If No, please explain why the Provider is applying for inclusion in the Listing Service:

Part 5. Confirmation and Agreement



I confirm as of the date indicated below that the information provided on this IDESG SALS Full Compliance Attestation and in the attached Self-Assessment Matrix indicates the successful implementation of the Baseline Requirements for the identity services indicated above. This confirmation is made to the best of my knowledge from the results of the self-assessment process and other information available to me relating to the service(s) assessed.

My signature below also indicates my acknowledgment that I have read and that I agree to the SALS Supplemental Terms of Use, which apply to the Self-Assessment Listing Service, and that I have been authorized by the organization named below to agree to these terms.

Signature: __ <21> _____

Name (in text) _<22> _____

Position/Title: __ <23> _____

Date: __ <24> _____

On behalf of: __ <1> _____ *(Insert name of "Provider" here)*

[END]

APPENDIX B: FOR APPLICANT PROVIDERS

IDESG SALS Status Report Attestation

*PLEASE NOTE: Bracketed numbers ("**<1>**") in this Appendix refer to the data elements list in Appendix 1 to the SALS Data Handling and Use Policy; item **<20>** is deliberately omitted from this form.*

*All sections of this Attestation marked as mandatory ("******") must be completed. When submitted to IDESG, this document must be signed, and should be submitted on the most recent version of the downloadable PDF form of Full Compliance Attestation available from the SALS Application Packet website. (https://wiki.idesg.org/wiki/index.php?title=SALS_Application_Package)*

Each step of the IDESG SALS process is a voluntary program. Identity Service Providers who choose to self-report on their progress, using this form, are not required to apply for Listed SALS Provider status. However, all persons providing information to IDESG for posting in the SALS program, on either form, are required to agree to the IDESG SALS Supplemental Terms of Use (https://wiki.idesg.org/wiki/index.php?title=SALS_Supplemental_Terms_of_Use), which give IDESG the necessary permissions to maintain and re-post the contributed information.

The primary purpose of this form is to confirm that IDESG has the reporting entity's permission to re-publish the results of the entity's self-assessment (on its submitted Matrix) in public. Accordingly, please do not provide any information on the Self-Assessment Matrix that is not appropriate for wide distribution.

Part 1. Reporting Entity ("Service Provider") Information

Name of Service Provider: ****** **<1>**

Service Provider's Physical Address: ******

Street Address: **<2a>**

City: **<2b>**

State/Province: **<2c>**

Country: **<2d>**

Postal Code: **<2e>**

Check box if mailing address is same as physical address: _____

Mailing Address ****** (If mailing address is different than business address:)

Street Address or Box: **<3a>**

City: **<3b>**

State/Province: **<3c>**

Country: <3d>

Postal Code: <3e>

Provider's General Telephone: <4>

Provider Email: <5>

Provider URL:** <6>

Identity Service-specific URL to be referenced, if any: <7>

Point of Contact ("PoC") for application information:

PoC Name: ** <8>

PoC email: ** <9>

PoC Telephone: ** <10>

DUNS Number:** <11>

or No DUNS Number: Check box: ____

If no DUNS Number, then:

Jurisdiction of Registration or Legal Formation (State/Locality): ** <12a>

Date of Registration or Legal Formation: ** <12b>

Government-assigned Registration, Incorporation, or Business License Number: <12c>

Applicant Service Description:

(at applicant's option, for inclusion in any listing: 200 Word Limit) <13>

Please provide any needed explanations regarding unavailable information here:

Part 2. Assessed Services:

Applicant provides the following types of digital identity management functions (activities or services) assessed in this report:

**** [Check all that apply.]**

- a. Registration _____ <14a>
- b. Credentialing _____ <14b>
- c. Authentication _____ <14c>
- d. Authorization _____ <14d>
- e. Transaction Intermediation _____ <14e>

(See the Functional Model for more information on each function:

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Part 3. Self-Assessment Information

Self-Assessor Name:** <15>

Self-Assessor Title:** <16>

Email:** <17>

Telephone: ** <18>

Part 4. Self-Assessment Report Date

Assessment Completion Date:** <19>

Please note: This must match the date on the Self-Assessment Matrix. (This is the date "as of" which your information will be reported to be current. Information submitted in the application must be current as of this date.)

A completed Self-Assessment Matrix MUST be attached to or delivered with this form, in order to make a valid complete submission.

Part 5. Agreement

I confirm as of the date indicated below that the information provided on this IDESG Status Report Attestation, and the Self-Assessment Matrix delivered with it, regarding our organization's progress in implementing the Baseline Requirements, correctly reflects the results of the Applicant's self-assessment to date, for the services indicated above. However, these results are reported for general information only, and do not create any warranty or liability to any other party.

My signature on this document indicates my acknowledgment that the SALS Supplemental Terms of Use apply to this information and submission, and that I have been authorized by the organization named below to submit that information and agree to these terms.

Signature: __<21>_____

Name (in text) __<22>_____

Position/Title: __<23>_____

Date: __<24>_____

On behalf of: __<1>_____ *(Insert name of "Provider" here)*

[END]