

FOR APPLICANT PROVIDERS

IDESG SALS Status Report Attestation

*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: **

Service Provider's Physical Address: **

Street Address:

City:

State/Province:

Country:

Postal Code:

Check box if mailing address is same as physical address:

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

Street Address or Box:

City:

State/Province:

Country:

Postal Code:

Provider's General Telephone:

Provider Email:

Provider URL:**

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

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

PoC Name: **

PoC email: **

PoC Telephone: **

DUNS Number:**

Provider has a DUNS Number? Yes No

If no DUNS Number, then:

 Jurisdiction of Registration or Legal Formation (State/Locality): **

 Date of Registration or Legal Formation: **

 Government-assigned Registration, Incorporation, or Business License Number:

Applicant Service Description:

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

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
- b. Credentialing
- c. Authentication
- d. Authorization
- e. Transaction Intermediation

(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:**

Self-Assessor Title:**

Email:**

Telephone: **

Part 4. Self-Assessment Report Date

Assessment Completion Date:**

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.

(go to next page)

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: X (or)

Name (in text):

Position/Title:

Date:

On behalf of:

“(Insert name of holder here)”