IDESG SALS Full Compliance 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)

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 Numbe ...., ...V

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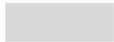
A completed Self-Assessment Matrix MUST be attached to or delivered with this form, in order to make a valid complete submission.

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

  Yes⋯⋯⋯V

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: _X_____ (or)

Name (in text) ˙

Position/Title:

Date: ˙

On behalf of:

································ *(Insert name of "Provider" here)*