IDESG SALS Self-Attestation

All sections of this Attestation marked as mandatory ("**") must be completed.

Each step of the IDESG SALS process is a voluntary program. Identity Service Providers may choose to self-report on their progress, using this form, and also are permitted but not required by this form to indicate when they have reached full compliance with the IDESG Baseline Requirements.

*The IDESG SALS **Alpha Test Terms of Use**, distributed to alpha test participants (and available here: https://wiki.idesg.org/wiki/index.php?title=SALS_ALPHA_TESTER_Package), applies to your participation during the SALS alpha test phase.   Note that binding signatures or binding attestations **are not required** during the alpha test.*

*All persons providing information to IDESG for posting in the production SALS program, **after its launch** at the completion of this testing phase will be required to agree to the [draft] 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.   Those terms are current drafts, not finalized, and may change during the testing phase.*

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:**

or No DUNS Number: Check box: ___

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:

- - - - - - - -

Service Description:

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

- - - - - - - -

Please provide any needed explanations regarding unavailable information here:

- - - - - - - -

Part 2. Assessed Services:

Service Provider is making this report about the following digital identity management functions (activities or services):

Name of activities or services *(200 character limit):*

URL or endpoint for activities or services *(200 character limit)*:

The foregoing activities or services should be classified as the following type(s) of function(s):

**** *[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)
[Note, URL may change: Glossary/FM is under revision during the testing phase]

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.

Part 5.   Degree of Conformance

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

_____ Yes

_____ No

Part 6. Agreement

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 IDESG SALS Alpha Test Special Terms of Use apply to this information and submission.

Signature: _____ (Not binding. For testing purposes only.)

Name (in text) _____

Position/Title: _____

Date: _____

On behalf of: _____ *(Insert name of "Service Provider" here)*