

FOR APPLICANT PROVIDERS

IDESG SALS Self-Attestation

Please note: This draft may be modified during the SALS program's alpha testing period. IDESG representatives working with alpha testers may give you modified forms or modified instructions, which would override these instructions for purposes of the testing period.

*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. However, all persons providing information to IDESG for posting in the SALS program will be 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 Service Provider entity's permission to re-publish the results of that entity's self-assessment (on its submitted Matrix) in public.

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:

Provider's 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:

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

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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 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: _____

Name (in text) _____

Position/Title: _____

Date: _____

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