

QUESTIONNAIRE

Applicant data

Company/Organization
(name):

Name of Trust Service
Provider (if different):

Address:

Contact person (name)

Telephone/E-Mail:

Trust Service to assess

- | | |
|--|--|
| <input type="checkbox"/> Qualified certificates for natural Persons | <input type="checkbox"/> Qualified validation service for signatures |
| <input type="checkbox"/> Qualified certificates for legal Persons | <input type="checkbox"/> Qualified validation service for seals |
| <input type="checkbox"/> Qualified time stamps | <input type="checkbox"/> Qualified preservation service |
| <input type="checkbox"/> Qualified certificates for website authentication | |
| <input type="checkbox"/> Other trust services
<i>(please describe shortly)</i> | |
|
 | |
| <input type="checkbox"/> Additional requirements
<i>(please describe shortly, e. g. Microsoft Trusted Root Certification Program, CAB Forum, ETSI requirements for ID certificates)</i> | |

Goal of assessment

- | | |
|--|--|
| <input type="checkbox"/> Initial assessment
<i>(conformity assessment report and certificate of conformity shall be issued)</i> | <input type="checkbox"/> Re-assessment
<i>(conformity assessment report and certificate of conformity will be issued)</i> |
| <input type="checkbox"/> Surveillance audit | <input type="checkbox"/> Audit Attestation Letter |

Designation of the service(s)

Please, enter any special designation of the services provided here, those designations will appear in the conformity assessment report as well as in the certificate of conformity

Relevant locations

Registration offices, data centers, headquarter, call centers, etc.

Other certificates of conformity

e. g., ISO 9001, ISO 27001

Details of sub-services outsourced

e. g. external RAs, colocation services, eIDAS notified identification systems

Any other important details

In case a certificate of conformity was issued we publish it on our website.
Please, let us know if you disagree

Do not publish the certificate of conformity.

Please, let us know about any time constraints.

City, date

Name and signature of authorized representative, stamp

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