## Application for Kantara Service Approval

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| Version  Publication Date  Effective Date  Status  Approval Authority  Approval  © 2018 | 6.0  2018-04-09  Immediate  Final  ARB  2018-04-09 |

*To submitting CSPs: This application is the first item to complete as part of your process towards being granted an Approval for your Service(s). This application is provided to you in editable format for download and completion. Submit this document, along with the requisite materials noted below, to* [secretariat@kantarainitiative.org](mailto:secretariat@kantarainitiative.org) *Modify or delete light-blue text as your circumstances dictate. Be sure to complete the “Additional Requirements” Annex at the end of this form if you intend to apply  
US FICAM profiles to your service assessment. Submit questions to* [secretariat@kantarainitiative.org](mailto:secretariat@kantarainitiative.org) *for prompt response. Feel free to apply your own logos etc.*

*Applicants should be fully familiar with,* inter alia*, Kantara’s: Service Approval Handbook; Service Assessment Criteria, available at the* [*IAF Controlling Documents*](http://kantarainitiative.org/confluence/display/LC/Identity+Assurance+Framework) *website.*

1. Name of Applicant Organization:  «applicant»
2. Any ‘DBA’ aliases: «»
3. Informational uri: «applicant’s home uri»
4. Name & position/office/role of person having the authority to represent the organization (hereafter to serve as the point of contact for the application process):

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Second authoritative PoC, details as above:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Name & position/office/role of person as a service provision point of contact:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Second service provision PoC, details as above:

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. State all jurisdictions in which the service is offered, primary first – give country and state/region where applicable:

|  |  |
| --- | --- |
| Country | State/Region/Province/Department/etc. |
| USA | All States |
| «Other, or delete» | «Other, or delete» |

1. Scope of Assessment / Approvals being sought (see https://kantara/trustoperations/classes\_of\_Approval )   
     
   (select all those which are applicable):

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NIST 63 rev.3 (required) CO\_SAC@AL3 🗹  
 IAL2 🞏  
 AAL2 🞏  
  
 *Full Service* 🞏 *or Component Service* 🞏 *with Profiles at the same AL(s):  
 Federal Privacy Profile, OpenID 2.0 Profile* 🞏  
 *Federal Privacy Profile, IMI 1.0 Profile* 🞏  
 *Federal Privacy Profile, SAML 2.0 Web Browser SSO Profile* 🞏

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NIST 800-63 rev.3 (Technical) IAL2 🞏  
 AAL2 🞏  
  
 *Full Service* 🞏 *or Component Service* 🞏 *with Profiles at the same AL(s):  
 Federal Privacy Profile, OpenID 2.0 Profile* 🞏  
 *Federal Privacy Profile, IMI 1.0 Profile* 🞏  
 *Federal Privacy Profile, SAML 2.0 Web Browser SSO Profile* 🞏

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Classic AL1 🞏  
 AL2 🞏  
 AL3 🞏  
 AL4 🞏 *Full Service* 🞏 *or Component Service* 🞏 *with Profiles at the same AL(s):  
 Federal Privacy Profile, OpenID 2.0 Profile* 🞏  
 *Federal Privacy Profile, IMI 1.0 Profile* 🞏  
 *Federal Privacy Profile, SAML 2.0 Web Browser SSO Profile* 🞏

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1. Details of service for which approval is being sought: please attach supporting documentation to support this assertion or provide URL of local doc(s). PLEASE NOTE: this detailed document will act as your [Specification of Service Subject to Assessment](http://kantarainitiative.org/confluence/download/attachments/26771473/Kantara%20IAF-3520%20S3A%20v2-0bis.docx?api=v2) document, to be given to the Accredited Assessor when you commence your assessment:

Refer to «S3A filename of applicable doc, to be supplied with this application»

1. Applicable SoC (please provide a link to, or give the name of an accompanying document which defines, your Statement of Conformity (SoC) against the criteria selected in §9 above*,* and state the version(s) of the SAC(s) on which that SoC is based:

Applicable SoC : Refer to «SoC filename / document title / url»

1. Provide information about how you would like to be billed for your application fee (contact information, PO # if applicable, etc):

**«name, role»**

**«postal address»**

**«tels. (include country code)»**

**«email»**

1. Check here to acknowledge that you accept the terms of the [Kantara Trademark License Agreement (TMLA) v3.0](http://kantarainitiative.org/confluence/download/attachments/67634091/Kantara%20Initiative%20IAF%20TMLA-v3.0.pdf?version=1&modificationDate=1473377656906&api=v2)  
    🞎 Yes 🞏 No   
      
   If you do not, please explain why (expand space as needed and/or attach relevant feedback with your application).

Response if TMLA declined or delete.

1. a) For an Initial Application, some organizations prefer to keep private the fact that they are in the process of undergoing an assessment, until they have been successfully assessed, which is Kantara’s default policy.

Check here if you WOULD like to include your organization’s name, service name and scope and primary contact info included on the “Registered Service” list, which identifies those organizations that have applications in process:  
 🞎 Yes

b) For a Full Application, applicants usually want their successful Approval to be widely publicized, which is Kantara’s default policy.

Check here if you WOULD NOT like to include your organization’s name, service name and scope and primary contact info included on the “Approved Services” list, which identifies those services which have been granted Kantara Approval:  
 🞎 No

1. Authorized Representative’s Signature (of names shown in either of 4 or 5, above):

*Name  
Role/Title  
yyyy-mm-dd*

*Thank you for completing the Application for Kantara Approval. Email this application and all supporting documents to secretariat@kantarainitiative.org The Secretariat will contact you to confirm the receipt of all of your completed information and inform you of next steps.*