

Standard report for testing standards for online betting

Licensee	Name	Telephone number
	Address	
	Postal code and city	CVR-/SE-no.
	Contact person/E-mail address	

Certification dates	Previous certification	Current certification	Expected date for the <i>next</i> certification
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Testing organisation	Name	Telephone number
	Address	
	Postal code and city	CVR-/SE-no.
	Contact person/E-mail address	
	Does the testing organisation have a valid accreditation?	
Yes, enclose documentation _____ No _____		

Testing organisation's supplier

Must only be filled in if the testing organisation is using a supplier to perform the certification.

Name
Address
Postal code and city

The employee(s) shall ensure that the certification is carried out to adequate professional standards and shall supervise and attest the certification. A number of employees who in conjunction fulfil the requirements can supervise and attest the certification together.

Employee	Name	Telephone number
	Address	
	Postal code and city	CPR-/ID-no.
	E-mail address	

Employee	Name	Telephone number
	Address	
	Postal code and city	CPR-/ID-no.
	E-mail address	

Requirements for employees

a) For testing of the Random Number Generator the supervisor shall have a relevant master's or PhD degree or in other ways be able to prove relevant qualifications

Name	
Education	Period
Other relevant qualifications	Period
Name	
Education	Period
Other relevant qualifications	Period

b) For testing of other gambling functions the supervisor shall have a relevant educational background or in other ways be able to prove relevant qualifications

Name	
Education	Period
Other relevant qualifications	Period

Does the employee have five years of professional experience in testing gambling systems or a similar subject for an accredited or certified organisation? Yes ____ No, fill in section c) ____

Name	
Education	Period
Other relevant qualifications	Period

Does the employee have five years of professional experience in testing gambling systems or a similar subject for an accredited or certified organisation? Yes ____ No, fill in section c) ____

c) Information concerning a supervisor with five years of professional experience in testing gambling systems or a similar closely related subject area for an accredited or certified organisation

Name	
Education	Period
Qualifications and experience with testing gambling systems	Period
Qualifications and experience with testing gambling systems	Period

Supplier

It is the responsibility of the licence holder that their supplier(s) are certified. The testing organisation shall ensure that the supplier(s) of the licence holder is/are certified to the Danish certification programme in a period covering the previous certification on to the current certification.

Is/are the supplier(s) of the licence holder certified?

Yes, documentation has been presented _____ No _____

Name of the supplier of the licence holder

Name of the supplier of the licence holder

Name of the supplier of the licence holder

Name of the supplier of the licence holder

Name of the supplier of the licence holder

3 Requirements for the testing of gambling functionality

It shall be recorded whether a requirement has passed testing or not. If the test of the requirement is not passed it must be recorded below and the appendix must be used. Here the reason for the failed test must be described and when the failure was or is expected to be remedied. It is important that all failed tests are recorded, even if the failure has been remedied before the submission of the certification report. A description of the requirements can be found in the *Testing Standards for Online Betting*.

3.1 RNG requirements

3.1.1 Random Number Generator suitability for functionality other than generating results

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.1.1	_____	_____	_____	_____	_____
3.1.1.2	_____	_____	_____	_____	_____
3.1.1.3	_____	_____	_____	_____	_____
3.1.1.4	_____	_____	_____	_____	_____
3.1.1.5	_____	_____	_____	_____	_____
3.1.1.6	_____	_____	_____	_____	_____
3.1.1.7	_____	_____	_____	_____	_____

3.1.2 Error control procedures

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.2.1	_____	_____	_____	_____	_____
3.1.2.2	_____	_____	_____	_____	_____

3.1.3 Seeding

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.3.1	_____	_____	_____	_____	_____

3.1.4 Security

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.4.1	_____	_____	_____	_____	_____

3.2 Game execution

3.2.1 General

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.2.1.1	_____	_____	_____	_____	_____

3.2.2 Games without stakes

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.2.2.1	_____	_____	_____	_____	_____

Further information

Other information relevant for the Danish Gambling Authority shall be stated in the appendix.

Declaration and signature

By my signature below I declare that the information supplied in this certification report is correct. I acknowledge that missing information or deliberate misinformation can lead to the certification report being rejected. Any changes in the supplied information shall be forwarded to the Danish Gambling Authority without delay.

Date

Signature

_____

Date

Signature

_____