

Standard report for testing standards for online casino

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

<b>Certification dates</b>	Previous certification	Current certification	Expected date for the <i>next</i> certification
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<b>Testing organisation</b>	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.

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

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

## Requirements for employees

a) For the 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 the 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 Casino*.

### 3.1 Deriving game symbols and events

#### 3.1.1 Random Number Generator suitability for 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 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)
3.1.2.1	_____	_____	_____	_____	_____
3.1.2.2	_____	_____	_____	_____	_____

3.1.2.3

3.1.2.4

3.1.2.5

3.1.2.6

3.1.2.7

### 3.1.3 Degres of freedom and mapping

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.3.1					
3.1.3.2					
3.1.3.3					
3.1.3.4					
3.1.3.5					
3.1.3.6					
3.1.3.7					

### 3.1.4 Error control procedures

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.4.1					
3.1.4.2					

### 3.1.5 Seeding

Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.5.1					

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### 3.1.6 Security

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Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.1.6.1					

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## 3.2 Gambling functionality

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### 3.2.1 General

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

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### 3.2.2 Games without stakes

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

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### 3.2.3 Accurate representation of chance

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Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.2.3.1					
3.2.3.2					
3.2.3.3					
3.2.3.4					

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## 3.3 Jackpots

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### 3.3. Jackpots

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Req.	Pass	Pass remedied (submit detail)	Pass risk assessment (submit detail)	No (submit detail)	N/A (submit detail)
3.3.1					

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3.3.2

3.3.3

3.3.4

3.3.5

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**Further  
information**

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

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**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

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Date

Signature

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