

Standard report for instructions on penetration testing

<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) The supervisor shall have 5 years of experience in penetration testing of systems or a similar closely related subject area.

Name	
Education	Period
Relevant qualifications	Period
Name	
Education	Period
Relevant qualifications	Period

b) The supervisor shall be certified as

International Council of E-Commerce (EC-Council) Certified Ethical Hacker (CEH)

Yes \_\_\_\_ No \_\_\_\_

Name
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International Council of E-Commerce (EC-Council) Licensed Penetration Tester (LPT)

Yes \_\_\_\_ No \_\_\_\_

Name
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Information Assurance Certification Review Board (IACRB) Certified Penetration Tester (CPT)

Yes \_\_\_\_ No \_\_\_\_

Name
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Global Information Assurance Certification (GIAC) Certified Penetration Tester (CPEN)

Yes \_\_\_\_ No \_\_\_\_

Name
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CESG CHECK Team Leader

Yes \_\_\_\_ No \_\_\_\_

Name

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CESG CHECK Team Member

Yes \_\_\_\_ No \_\_\_\_

Name

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CREST Infrastructure Certification

Yes \_\_\_\_ No \_\_\_\_

Name

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CREST Registered Tester

Yes \_\_\_\_ No \_\_\_\_

Name

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Tiger Scheme Senior Security Tester

Yes \_\_\_\_ No \_\_\_\_

Name

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Tiger Scheme Qualified Security Tester

Yes \_\_\_\_ No \_\_\_\_

Name

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## Supplier

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

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

Yes, documentation has been presented \_\_\_\_ No \_\_\_\_

Name of the supplier of the licence holder

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Name of the supplier of the licence holder

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Name of the supplier of the licence holder

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Name of the supplier of the licence holder

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Name of the supplier of the licence holder

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<b>Penetration testing</b>	Is the penetration test completed and passed?
	Yes ____      Yes, remedied ____      No ____

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<b>Internal function</b>	Is the penetration testing conducted by a dedicated internal function at the license holder?
	Yes ____      No ____

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<b>Further Information</b>	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
_____	.....

Date	Signature
_____	.....