

Standard report for vulnerability scanning

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

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) The supervisor shall have 5 years of experience in vulnerability scanning 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	
International Council of E-Commerce (EC-Council) Licensed Penetration Tester (LPT)	
Yes ____ No ____	

Name	
Information Assurance Certification Review Board (IACRB) Certified Penetration Tester (CPT)	
Yes ____ No ____	

Name	
Global Information Assurance Certification (GIAC) Certified Penetration Tester (CPEN)	
Yes ____ No ____	

Name	
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CESG CHECK Team Leader

Yes ____ No ____

Name

CESG CHECK Team Member

Yes ____ No ____

Name

CREST Infrastructure Certification

Yes ____ No ____

Name

CREST Registered Tester

Yes ____ No ____

Name

Tiger Scheme Senior Security Tester

Yes ____ No ____

Name

Tiger Scheme Qualified Security Tester

Yes ____ No ____

Name

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.

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

**Vulnerability
Scanning**

Is the vulnerability scanning completed and passed?

Yes ____ Yes, remedied ____ No ____

Internal function

Is the vulnerability scanning conducted by a dedicated internal function at the license holder?

Yes ____ No ____

**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

_____