

Quarterly standard report for change management programme

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

Period and re- port date	This report covers the following period (from / to):	Report date

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 ____ No ____	Note: Accreditation documentation must be enclosed. Alternatively, a link to accreditation is added here:
	Link to accreditation:	

Testing organi- sation's supplier Must only be filled in if the testing organisa- tion is using a supplier to perform the certifi- cation.	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. Fill in the section below with information on a supervisor, who fulfil the requirements for each section (a,b and c). This can be one supervisor fulfilling all the requirements or different employees for each section.

Requirements for supervisor

(a) The person supervising and / or certifying this report must have a relevant education or other relevant qualifications

Name	Telephone number
E-mail address	
Education	Period
Other relevant qualifications	Period

(b) The person supervising and / or certifying this report must be certified:

Name

Name of certification	Tick
International Information Systems Security Certification Consortium (ISC) 2 Certified Information Systems Security Professional (CISSP)	
Payment Card Industry (PCI) Qualified Security Assessor (QSA)	
Information Systems Audit and Control Association (ISACA) Certified Information Systems Auditor (CISA)	

c) Information concerning a supervisor with five years of professional experience in inspecting 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

Changes can be made based on a recommendation from the license holder's supplier. Based on an analysis the accredited test organisation must assess the justification of each decision not to follow recommendations.

Has the license holder rejected to implement any changes recommended by a supplier?

Yes ____ (Submit details in appendix) No ____

Verification of system changes

You must inform if any changes have been made to the license holders gaming system within the last three months. If any changes have been made you must inform the classification of the changes, and if new certification has been performed on basis of the changes. You can find a description of the requirements to changes in Spillemyndighedens certification programme *change management programme*.

System changes and classification

Has changes of classification code 3 been made within the last three months?

Yes ____ (Submit details in appendix) No ____

Has changes of classification code 2 been made within the last three months?

Yes ____ (Submit details in appendix) No ____

Has changes of classification code 1 been made within the last three months?

Yes ____ (Submit details in appendix) 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	Name	Signature
_____	_____

Date	Name	Signature
_____	_____