

Standard report for testing standards for land-based betting

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**Information  
about the licence  
holder**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

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**Test date**

Previous test:

**Current test:**

Expected date for *next* test:

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**Information  
about the testing  
organisation**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Link to accreditation

Alternatively, documentation for a valid accreditation can be provided as an appendix to the standard report.

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**The testing orga-  
nisation's sup-  
plier**

Information in this section shall only be provided if the testing organisation uses a supplier.

Name

Address

Zip code and city

Employees shall ensure, that testing is done to professional standards and attest the standard report. More employees, who in conjunction meet the requirements, can supervise the work, and attest the report together. Fill in the section below with information on supervisor(s), who fulfil the requirements mentioned in section 2.2.3 in the certification programme.

Supervisor 1:

Name: \_\_\_\_\_

Education	Period
Other relevant qualifications	Period

Supervisors experience	Tick
5 years' experience with testing gambling systems.	

**Supervisor 2:**

Name:

Education	Period
Other relevant qualifications	Period

Supervisors experience	Tick
5 years' experience with testing gambling systems.	

If there are more than two supervisors, additional information shall be provided in the appendix to the standard report.

## Suppliers

It is the responsibility of the licence holder that their supplier(s) are tested. The testing organisation shall ensure that the licence holder's supplier(s) are tested in accordance with the Danish certification programme in the period from the previous test to the current test. Fill in the table below with information on any supplier's test.

[illegible]

**Remember to fill in the table in the appendix with all games covered by the test.**

### 3 Requirements for 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 standard report. A description of the requirements can be found in the *Testing Standards for Land-based Betting*.

#### 3.1 RNG requirements

##### 3.1.1 Random Number Generator suitability for generating results and other functionalities

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.1.1.1					
3.1.1.2					
3.1.1.3					
3.1.1.4					
3.1.1.5					

##### 3.1.2 Use of RNG-output

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.1.2.1					
3.1.2.2					
3.1.2.3					
3.1.2.4					

##### 3.1.3 Error control procedures

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.1.3.1					

##### 3.1.4 Seeding

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.1.4.1					

##### 3.1.5 Security

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.1.5.1					
3.1.5.2					

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## 3.2 Game execution

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### 3.2.1 Accurate representation of chance

Requirements	Pass	Pass remedied	Pass risk assessment	No	N/A
		If these answers are used, submit the details in the appendix			
3.2.1.1					
3.2.1.2					
3.2.1.3					
3.2.1.4					

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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 report is correct. I acknowledge that missing information or deliberate misinformation can lead to the 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
_____	_____	.....