

Standard report for change management programme

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

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<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 ____	No ____

**Note: Accreditation documentation must be enclosed. Alternatively, a link to accreditation is added here:**

Link to accreditation: \_\_\_\_\_

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**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. 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

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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. Fill out the table below with information on any subcontractors' certifications.

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Name of suppliers	Are all the requirements met? Yes/No

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## Review of procedures

The following sections shall indicate whether the license holders procedures can be approved with regards to the individual requirements. If the procedures cannot be approved completely, comments shall be added in the appendix with a description of why the procedures failed to be approved, as well as when the failure was or is expected to be remedied. It is important that all failures are recorded, even if the failure has been remedied before the submission of the certification report to Danish Gambling Authority. A description of the requirements can be found in the *Change Management Programme*.

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### 3 Change Management Framework

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#### 3.1 Change Management Responsibility

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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#### 3.2 Change Management Planning

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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#### 3.3 Configuration Management

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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#### 3.4 Recording changes in a Change Log

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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### 3.5 Configuration baseline of the Gambling System

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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## 4 Change Management Process

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### 4.1 Justification for change

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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### 4.2 Evaluation of change

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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### 4.3 Approval of change

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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### 4.4 Implementation and verification of change

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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## 5 Reports from the component register and the change log

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Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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## 6 Prior approval of change from Spillemyndigheden

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### 6.1 Random Number Generator

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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### 6.2 New games and changes in the existing offer of games

Are the license holder's procedures in compliance with all requirements in this section?

Yes \_\_\_\_ No \_\_\_\_ (submit comments in appendix)

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**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
_____	_____	.....