**GLOBALPLATFORM LABORATORY ACCREDITATION REQUEST FORM**

Date:

To: GlobalPlatform Security Evaluation Secretariat

Email: [security-certification@globalplatform.org](mailto:teecertification@globalplatform.org)

New Request

Update (for update, please provide Lab identification and updated data only)

TEE Security Accreditation and/or  SE Security Accreditation

1. **General Laboratory and Facility Information**

|  |  |
| --- | --- |
| Laboratory Legal Name (“Laboratory”) |  |
| State/Country of Incorporation |  |
| Address of Registered Office |  |
| Entity Type (corporation, trust, partnership, government, etc.) |  |
| Registration Number |  |
| Please identify any superior or subordinate business relationships, e.g. with a parent company or subsidiaries |  |
| Is there any conflict of interest in regards to Laboratory ownership and your vendor customers? |  |
| Provide an organizational chart for your Laboratory | Please attach |
| Does your Laboratory have audited financial reports and the equivalent of a Dun & Bradstreet report? | Please attach, if available |
| Does your Laboratory have adequate insurance per GlobalPlatform Security Laboratory Relationship Agreement, covering the company and each facility for which accreditation is being sought (see Appendix A)? |  |
| Is your Laboratory currently a party to a contract with GlobalPlatform or any of its Members? Please explain. |  |
| Address of specific Laboratory facility for which accreditation is being sought (the “Facility”) |  |

1. **Provide Laboratory Background and Experience**

|  |  |
| --- | --- |
| Provide an Executive and Financial Summary of the Laboratory for the last 3 years | Please Attach |
| Describe the Laboratory’s technical expertise, including experience with SE and/or TEE Specifications, to the extent relevant to the Facility and its operations |  |
| Provide a brief description of your Laboratory’s background, to the extent relevant to the Facility and its operations |  |
| List any accreditations from other specification organizations, to the extent relevant to the Facility and its operations |  |

1. **Laboratory Contact Information**

**Officer of the Laboratory who will sign all agreements with GlobalPlatform**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Title |  |
| Mailing Address  (if different from registered address) |  |

**Contact for Legal Notices**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Email Address |  |
| Mailing Address  (if different from registered address) |  |
| Telephone Number (Office) |  |
| Facsimile Number |  |

**Primary Contact for all Communication regarding Security Evaluations**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Email Address |  |
| Mailing Address  (if different from registered address) |  |
| Telephone Number (office) |  |
| Mobile Phone Number |  |
| Facsimile Number |  |

**Primary Contact for all Financial Communications and Invoices**

|  |  |
| --- | --- |
| First Name |  |
| Last Name |  |
| Email Address |  |
| Mailing Address  (if different from registered address) |  |
| Telephone Number (office) |  |
| Mobile Phone Number |  |
| Facsimile Number |  |

I respectfully request that Laboratory be considered as a candidate for an Accredited GlobalPlatform Security Evaluation Laboratory with respect to the specific Facility identified above.

Sincerely,

Officer Name:

Title:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_