

## GLOBALPLATFORM SESIP CERTIFICATION BODY REQUEST FORM

Date:

To: GlobalPlatform Security Evaluation Secretariat

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

- New Request  
 Update (for update, please provide CB identification and updated data only)  
 SESIP Levels 1, 2 and 3 and/or  SESIP Levels 4 and 5

### I. General CB and Facility Information

Certification Body Legal Name ("CB")	
State/Country of Incorporation	
Address of Registered Office	
Entity Type (corporation, trust, partnership, government, etc.)	
Registration Number	
Address of specific CB facility for which licensing is being sought (the "Facility")	Please indicate if multiple facilities are concerned and provide their address and registration status
Please identify any superior or subordinate business relationships, e.g. with a parent company or subsidiaries	Please clarify shareholding structure
Is there any conflict of interest in regards to CB ownership/shareholding and your vendor customers or accredited laboratories?	
Provide an organizational chart for the CB including general management, technical and quality Personnel. "Personnel" includes CB's own staff and contractors (if applicable).	Please attach (for each Facility)
Provide the list of Laboratories accredited/licensed for the required SESIP Levels and for other security schemes operated by the CB.	For each Lab, please indicate the validity of the ISO 17025 accreditation.
Does the CB have audited financial reports and the equivalent of a Dun & Bradstreet report?	Please attach, if available

Provide an Executive and Financial Summary of the CB for the last 3 years	Please Attach
Does the CB have adequate insurance per <i>GlobalPlatform Security SESIP CB Relationship Agreement</i> , covering the company and each facility for which licensing is being sought?	
Is the CB currently a party to a contract with GlobalPlatform or any of its Members? Please explain.	
Provide the GlobalPlatform membership status and the list of Committees and Working Groups the CB is involved in.	

## II. Accreditation status

ISO 17065:2012 accreditation status, scope and validity date	<p>Please attach ISO 17065 accreditation notice including technical scope and authorized Personnel.</p> <p>Please indicate if the use of contractors is covered by the ISO accreditation.</p> <p>Please indicate which are the schemes that are managed according with ISO 17065:2012 procedures.</p>
List any accreditation or licensing from other organizations, to the extent relevant to the Facility and its operations	Please attach all other relevant accreditation/licensing notice(s) including technical scope(s) and authorized Personnel.

## III. CB Expertise and Experience

Provide a description of the CB's background in security certification to the extent relevant to the Facility and its operations	For SESIP Levels 1-3, demonstrate capacity to assess evaluation laboratories for IoT platform evaluation at AVA_VAN.3 (Enhanced-basic attack potential) or higher.
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	For SESIP Levels 4-5, demonstrate capacity to assess evaluation laboratories for IoT platform evaluations at AVA_VAN.5 (High-attack potential).
Provide the Common Criteria expert groups the CB is involved in.	
Describe the technical expertise and experience of the CB's Personnel involved in the SESIP scheme.	Please attach the CV of all the CB's Personnel that is expected to perform SESIP certification at the required Level(s).
Provide the list of certification projects (*) in relationship with the requested SESIP Level(s) for the last 3 years.	

(\*) GlobalPlatform reserves the right to require access to these projects as part of an organizational and technical oversight procedure.

**IV. CB Contact Information**

**Officer of the CB 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 the operation of SESIP scheme**

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 "CB" be considered as a candidate for a Licensed GlobalPlatform SESIP Certification Body for the selected Levels with respect to the specific CB Facility identified above.

Sincerely,

Officer Name:  
Title:

Signature \_\_\_\_\_