

Assurance Implementation Template

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Contact and Profile Information

Name of Organization:

Name of Contact:

Email Address:

Would you be willing to be contacted for more details?

Profile(s), Version and Method of Determination(s) of Conformance:

___ Bronze (1.1) - Audited

___ Silver (1.1) - Audited

Why is Assurance important to your organization? Include the service providers with which you'd like to federate under this Program.

your text here.

Who/what department led the Assurance Project? With whom did you engage during the process?

your text here.

What specific steps did you take to address the functional areas?

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your text here.

4.2.2 Registration and Identity Proofing

your text here.

4.2.3 Credential Technology

your text here

4.2.4 Credential Issuance and Management

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