# **Request for Quote EUCC certification**

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| **APPLICANT DATA** | | |
| Trade Name |  | |
| Postal Address |  | |
| Corporate Identity |  | |
| Registered Company Number |  | |
| Please specify other activities, other than testing and certification, you have performed with DEKRA Testing and Certification |  | |
| ITSEF reference (if other than DEKRA's) for the execution of the evaluation.  Indicate whether the applicant wants to establish a direct contract with ITSEF or prefers the whole process to be carried out through the CB |  | |
| **REPRESENTATIVE OF THE APPLICANT** | | |
| Name |  | |
| National ID or Passport Number |  | |
| **CONTACT PERSON** | | |
| Name |  | |
| Telephone |  | |
| E-Mail |  | |
| Link to the applicant website |  | |
| **SCOPE OF THE CERTIFICATION** | | |
| Product or Protection profile to Certificate |  | |
| Product or Protection Profile Type |  | |
| Reference to the Security Target attached to this application (if applicable) |  | |
| Evaluation Standards and levels | <Include here the reference of a PP used (if applicable) or applicable State of the art document. In case of refrain from applying them, explain the reasons> | |
| <Relate here the reasoning for selecting an assurance level to the objectives laid down in Article 51 of CSA [1], and to the selection of SFRs and SARs To justify the appropriateness of the chosen assurance level and ensure that the chosen level is commensurate with the level of risk associated with the intended use of the ICT product> | |
| **REQUEST FOR A CERTIFICATE REVIEW PROCESS (select one where applicable)** | | |
| Reference of the previous certificate/dossier in this Scheme | <Include here the reference of the previous certificate ID> | |
| Renewal request / monitoring (update AVA) |  | <Mark if selected> |
| Maintenance request |  | <Mark if selected and include the reference of the Impact Analysis Report attached to this application> |
| Reassessment request |  | <Mark if selected and include the reference of the Impact of changes attached to this application> |
| Patch update |  | <Mark if selected and include the reference of Patch management procedures> |
| PP certificate review |  | <Mark if selected> |
| Withdrawal of the certificate |  | <Mark if selected> |
| **PREMISES WHERE THE DEVELOPMENT OR INTEGRATION OF THE PRODUCT TO EVALUATE TAKES PLACE** | | |
|  | | |
| **VULNERABILITY MANAGEMENT**  **Reference or description of the applicant’s vulnerability management and vulnerability disclosure procedures** | | |
|  | | |
| **MONITORING METHOD**  **Reference or description of the method to be used to check that the ICT products in the market with reference to the EUCC certificate are strictly identical to the ICT product subject to the certification** | | |
|  | | |
| **LICENCED LABORATORY THAT SHALL PERFORM THE EVALUATION** | | |
| Trade Name of the laboratory |  | |

## Signature and date:

Name & position

Once the form is completed, send it to: **certification.cbs@dekra.com**