

**Authorized body No. 201**

**Notified body No. 1014**

**Accredited testing and calibration laboratory**

**Accredited body for product certification and management systems**

questionnaire for eIDAS

(REGULATION (EU) No. 910/2014)

Organization name:

Address of organization headquarters:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Scope identification – trust services** | | | | | | | | | | | | | | | | | | | | | |
|  | Issuing of qualified certificates for electronic signatures | Issuing of qualified certificates for electronic seals | | | Issuing of qualified certificates for website authentication | | | | Issuing of qualified certificates for electronic time stamps. | | | | | | Validation of qualified electronic signatures and/or electronic seals | | | | | | | Preservation of qualified electronic signatures and/or electronic seals |
|  | **Description of the organizational structure, focusing on the dislocation of individual departments (units and / or workplace) involved in providing the trust services identified in the preceding section.**  *For individual departments provide a description of the services provided and the address where they are. You can complete situational plan of the organization.* | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | |
| Number of dislocated departments (e.g. data centres) | | | | > 3 | | | | | | 2 - 3 | | | | | | | | | <= 1 | | | |
|  | **Staff and bodies affecting the realization of providing the trust services** | | | | | | | | | | | | | | | | | | | | | |
| Number of employees  +  Supplier´s staff  (in case of outsourcing) | | | >= 30 | | | | | >= 10 | | | | < 10 | | | | | | Please indicate the exact number below | | | | |
| Is your organization using outsourcing and third party agreements in the process of providing the trust services? | | | YES | | | | | | | | | | | NO | | | | | | | | |
| In case of YES, please indicate for which process:  -  - | | | | | | | | | | | | | | | | | | | |
|  | **Previous knowledge in the field** | | | | | | | | | | | | | | | | | | | | | |
| Number of years for which is the organization providing trust services identified in section 1: | | | | | | | >= 10 | | | | | | >= 3 | | | | | | | | < 3 | |
| Has been your organization assessed/certified/accredited in the past?  *Assessment, audit, certification or accreditation shall have connection to subject matter of this assessment – trust service providers and trust services (e.g. assessment according to relevant ETSI standards or national laws).* | | | | | | | YES | | | | | | | | | | NO | | | | | | NO | |
| In case of YES, please indicate according to what  (e.g. standard or law), when and by whom:  -  - | | | | | | | | | | | | | | | |
| Has your organization valid certificate for ISO/IEC 27001?  *In case of YES, please enclose copy of the certificate to this Questionnaire.* | | | | | | | YES | | | | | | | | | | NO | | | | | | NO |
| 1. **Additional information** | | | | | | | | | | | | | | | | | | | | | | |
| In what language is your documentation related to TSP and trust services identified in section 1? | | | | | | Everything is in English | | | | | (The most important) part of it is in English | | | | | | | | | Everything is in different language then English | | |
| Please select the form of audit report(s) you wish to receive: | | | | | | Separate audit report for each individual trust service selected in section 1 | | | | | | | | | | One audit report for all trust services selected in section 1 (joint report) | | | | | | |
| Comments or questions regarding the assessment or certification process: | | | | | |  | | | | | | | | | | | | | | | | |
| ,      , ……………….  (Name, position, signature) | | | | | | Date: | | | | | | | | | | | | | | | | |