

Limited Access Death Master File Accredited Conformity Assessment Body Application Form for Firewalled Status

This form is required **ONLY** for an Accredited Conformity Assessment Body (ACAB) owned, managed, or controlled by the Person or Certified Person, as defined in 15 CFR 1110.2, that it is assessing for access to the Limited Access Death Master File (LADMF).

1. The undersigned hereby represents and warrants that he or she is authorized to make this certification on behalf of, and to bind, the ACAB applying for firewalled status pursuant to 15 CFR 1110.502.
2. The undersigned certifies that the ACAB is “owned, managed or controlled,” as that term is defined in 15 CFR 1110.501, by the following Person or Certified Person:

Enter Legal Name of Person or Certified Person:

3. The undersigned further certifies that assessment or audit by the ACAB would provide equal or greater assurance that the Person or Certified Person has information security systems, facilities, and procedures in place to protect the security of the LADMF than would the Person’s or Certified Person’s use of an independent third party conformity assessment body as required by 15 CFR 1110.502(b)(1).
4. In making the certification in paragraph 3., the undersigned states that the ACAB makes this assurance based upon the following facts:

Explain the basis for assurances:

5. The undersigned further certifies that the ACAB has established procedures to ensure that, as required by 15 CFR 1110.502(b)(2):
 - (i) Its attestations and audits are protected from undue influence by the Person or Certified Person that is the subject of attestation or audit by the organization, or by any other interested party;
 - (ii) NTIS will be notified promptly of any attempt by the Person or Certified Person that is the subject of attestation or audit by the organization, or by any other interested party, to hide or exert undue influence over an attestation or audit; and
 - (iii) Allegations of undue influence may be reported confidentially to NTIS.
6. In making the certification in paragraph 5., the undersigned states that the ACAB makes these representations based upon the following facts:

Explain the procedures:

7. The undersigned agrees that the ACAB will cooperate in response to any request from NTIS to verify the accuracy, veracity and/or completeness of the information received in connection with this application for firewalled status.
8. The undersigned hereby declares that all certifications and statements made herein are true to the best of his or her knowledge and belief, and further that these certifications and statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment of not more than five (5) years, or both, under 18 U.S.C. Section 1001.

Signature: _____

Name: _____

Corporate Name: _____

Address: _____

Phone Number: _____

Email: _____

Date: _____

Fax to 703-605-6900
National Technical Information Service
U.S. Department of Commerce
5301 Shawnee Rd.
Alexandria, VA 22312

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Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Technical Information Service, Attn: John Hounsell, National Technical Information Service, 5301 Shawnee Rd, Alexandria, VA 22313; jhounsell@ntis.gov, (703-605-6184).

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