**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:       |