TO BE COMPLETED BY AN ACCREDITED CONFORMANCE ASSESSMENT BODY (ACAB).
NTIS FM 100 A | REVISION 0.2 | DATED 11 OCTOBER 2016

FORM INSTRUCTIONS FOR APPLICANTS

PRIOR TO BEING GRANTED ACCESS TO LADMF DATA AND PRODUCTS FROM NTIS, ALL PERSONS ARE REQUIRED TO HAVE THIS FULLY COMPLETED FORM SUBMITTED BY AN ACAB. STATE AND LOCAL GOVERNMENT DEPARTMENTS AND AGENCIES RELYING ON ATTESTATIONS FROM STATE OR LOCAL GOVERNMENT AUDITORS GENERAL OR INSPECTORS GENERAL SHOULD USE FORM NTIS FM 100B.

2. Identify an ACAB to assess your LADMF systems safeguards program implementation.
3. The ACAB submits this completed form directly to NTIS. NTIS will not accept Form NTIS FM100A directly from an applicant.

SECTION 1: APPLICANT INFORMATION

NAME OF APPLICANT ORGANIZATION

NTIS INVOICE/ORDER CONFIRMATION NUMBER FOR PROCESSING FEE:

*Per 15 CFR Part 1110, a “person” includes a corporation, company, association, firm, partnership, society, joint stock company, other private organization, or state or local government department or agency, or individual.

SECTION 2: INDEPENDENT OR FIREWALLED ACAB

NAME OF ASSESSOR

E-MAIL OF ASSESSOR

COMPANY

PHONE NUMBER

SECTION 3: ASSESSMENT RESULTS

An assessment of the applicant named in Section 1 was completed using ___________________________ [fill in applicable standard(s)] and based on the findings the applicant has systems, facilities and procedures in place to safeguard LADMF information as required by 15 CFR 1110.102(a)(2). This assessment was conducted on __________ [enter date of assessment], which is no more than 3 years prior to the date of the applicant’s completed Form NTIS FM 161.

If this assessment was not conducted specifically or solely for the purpose of submission under 15 CFR Part 1110, describe below the nature of the assessment upon which the assessment result in this Section 3 is based (note if additional documentation is being submitted):

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
SECTION 4: ACAB ATTESTATION

The undersigned Accredited Conformity Assessment Body hereby attests that:

1. It is either:
   — An independent third party accredited conformity assessment body that is not “owned, managed, or controlled,” as defined in 15 CFR §1110.501, by the applicant identified in Section 1, OR
   — A firewalled accredited conformity assessment body whose LADMF ACAB Application for Firewalled Status has been accepted by NTIS.

2. It has read and understands the regulations in 15 CFR Part 1110.

3. It is accredited to the following nationally or internationally recognized standard(s) for bodies providing audit and assessment of information security management systems (identify standard(s) and accrediting body(ies)):

4. The scope of the accreditation identified above encompasses the information safeguarding and security requirements set forth in 15 CFR Part 1110.

5. It will cooperate in response to any request from NTIS to verify the accuracy, veracity, and/or completeness of information received in connection with its assessment and this attestation.

By signing and submitting this form I attest that I am authorized to sign this form on behalf of the ACAB identified in Section 2, that the ACAB identified in Section 2 has conducted an assessment of the LADMF systems safeguards program of the applicant identified in Section 1, and that the results are as specified in Section 3. I hereby acknowledge that any willful false attestation or statement made herein is punishable under 18 U.S.C. §1001 by fine or imprisonment of not more than five (5) years, or both.

Signature: __________________________________________

Date: __________________________

Email to: DMFCERT@NTIS.GOV  Fax to: 703.605.6900