

Standard report for vulnerability scanning

**Information
about the licence
holder/game
supplier**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Scan date

Previous scan:

Current scan:

Expected *next* scan:

**Information
about the scan-
ning organisa-
tion**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Link to ASV approval

Alternatively, documentation for a valid ASV-approval can be provided as an appendix to the standard report.

**The scanning or-
ganisation's sup-
plier**

Information in this section shall only be provided if the scanning organisation uses a supplier.

Name

Address

Zip code and city

The vulnerability scan shall be prepared by staff, who are sufficiently qualified. The testing organisation shall therefore hire and educate sufficiently qualified, competent, and experienced personnel. It is expected that personnel who prepares the vulnerability scan, has at least 5 years of practical experience with vulnerability scanning and has a personal certification, which demonstrates competence with vulnerability scanning.

Preparation/performing the vulnerability scan shall be supervised cf. the requirements for supervision in section 2.3 in the general requirements of the certification programme.

Insert information below about the staff who prepare, perform, and supervise the work.

**Employee who
prepare/perform
the scan:**

Name: _____

Education and other qualifications	Tick
Experience	
5 years practical experience with PCI/ASV vulnerability scanning	
Certification	Tick
Certified ASV Employee	
CREST CPSA certification	
CREST CRT certification	
Other certification (state which)	

Supervisor:

Name: _____

Education and other qualifications	Tick

It is the supervisor's responsibility to sign the standard report, and thereby warrant that the vulnerability scan has been completed in an appropriate professional manner.

**Result of vulne-
rability scan**

Is the vulnerability scan completed and passed?

Yes ____ Yes, remedied ____ No ____

**Further
Information**

Other information relevant for the Danish Gambling Authority shall be stated in the appendix.

Declaration and signature

By my signature below I declare that the information supplied in this report is correct. I acknowledge that missing information or deliberate misinformation can lead to the report being rejected. Any changes in the supplied information shall be forwarded to the Danish Gambling Authority without delay.

Date

Name

Signature

.....

Date

Name

Signature

.....

Submission

This report must be submitted by:

- License holders
- Game suppliers

The report must be submitted to the Danish Gambling Authority through:

- The contact form on the Danish Gambling Authority's website