

Standard report for instructions on penetration testing

---

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

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

---

---

---

---

---

---

---

**Test date**

Previous test:

**Current test:**

Expected *next* test:

---

---

---

**Information  
about the testing  
organisation**

Name

Address

Zip code and city

Contact person

E-mail address

Phone number

Link to accreditation

---

---

---

---

---

---

---

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

**The testing orga-  
nisation's sup-  
plier**

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

Name

Address

Zip code and city

---

---

---

The penetration test shall be performed by staff with sufficient qualifications, which means the testing organisation shall hire and educate sufficiently qualified, competent, and experienced personnel. It is expected that the personnel who performs the penetration test, has at least 5 years of practical experience with penetration testing and has a personal certification, which demonstrates competence with penetration testing.

Performing the penetration test shall be supervised cf. the requirements for supervision in section 2.3 in the general requirements of the certification programme. Furthermore, the result of the penetration test and the need for possible remediation of vulnerabilities shall be assessed.

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

**Employee performing the test:**

Name: \_\_\_\_\_

Education and other qualifications	Period
Experience	Tick
5 years' experience with inspecting gambling systems.	
Certification	Tick
Offensive Security Certified Professional (OSCP)	
EC-Council, Certified Ethical Hacker (CEH)	
EC-Council, Licensed Penetration Tester Master (LPT Master)	
GIAC Certified Penetration Tester (GPEN)	
GIAC Web Application Penetration Tester (GWAPT)	
GIAC Exploit Researcher and Advanced Penetration Tester (GXPN)	
CREST Penetration Testing Certification	
CESG IT Health Check Service (CHECK) certification	
Tiger Scheme Senior Security Tester	
Tiger Scheme Qualified Security Tester	
Other certification (State which): _____	

**Employee performing the test:**

Name: \_\_\_\_\_

Education and other qualifications	Period
Experience	Tick
5 years' experience with inspecting gambling systems.	
Certification	Tick
Offensive Security Certified Professional (OSCP)	
EC-Council, Certified Ethical Hacker (CEH)	
EC-Council, Licensed Penetration Tester Master (LPT Master)	
GIAC Certified Penetration Tester (GPEN)	
GIAC Web Application Penetration Tester (GWAPT)	
GIAC Exploit Researcher and Advanced Penetration Tester (GXPN)	
CREST Penetration Testing Certification	
CESG IT Health Check Service (CHECK) certification	
Tiger Scheme Senior Security Tester	
Tiger Scheme Qualified Security Tester	
Other certification (State which): _____	

**Supervisor:**

Name: \_\_\_\_\_

Education and other qualifications	Period

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

**Result of penetration test**

Is the penetration test completed and passed?

Yes \_\_\_\_ Yes, remedied \_\_\_\_ No \_\_\_\_

Note: If a single supplier’s penetration test is not passed, then the overall penetration test cannot be passed either. If the penetration test is not passed, a description of the vulnerabilities must be described in the appendix to the report, as well as the compensating controls measures that are performed until the vulnerabilities are fixed.

**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 formular on the Danish Gambling Authority’s website