



Department for
Science, Innovation
& Technology



Office for Digital
Identities & Attributes

**UK DIGITAL IDENTITY AND ATTRIBUTES
TRUST FRAMEWORK CERTIFICATION SCHEME**

**CERTIFICATION SCHEME
REQUIREMENTS FOR
CONFORMITY ASSESSMENT
BODIES**

VERSION 1.10

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1 VERSION HISTORY

Version	Date	Pages	Changes	Author
0.1	Nov 2023	All	From previous version of Document previously title 0 – Certification Scheme as issued by DSIT	DSIT
1.1	Nov 2023	All	Updates as per review document and actions requested by UKAS. Additional extended content added by DSIT.	DSIT
1.2	Mar 2024	All	Updates to reflect actions issued by UKAS in the February review.	DSIT
1.3	Apr 2024	All	Updates to reflect outstanding actions from UKAS post March review	DSIT
1.4	Apr 2024	All	Updates from the workshop with UKAS	DSIT
1.5	Jun 2024	All	Grammatical corrections, clarification in Annex C and update to the table in Annex C	DSIT
1.6	Sep 2024	p. 27 pp. 20, 43-44, 50 p. 52 pp. 57-59 pp. 57-59	Change file name and version number Updated rules on the use of existing certification as proof of conformity to the UK DIATF certification scheme Updated the application flow diagram and process to become certified and join the GOV.UK register of digital identity and attributes services Updated information about rolling over certificates that are close to expiry Removed Annex A as it was duplicate content from the “CAB Principles and Code of Ethics – v1.3” document Renamed Annex B to Annex A to account for removal of Annex A Updated Annex B (now renamed Annex A) subsets for the Home Office Right to Work and Right to Rent, and Disclosure and Barring Service DBS supplementary schemes	DSIT

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		p. 60	Annex C is renamed Annex B to account for renaming of other annexes Removed Annex D and put into new document on requirements for certificate production	
1.7	Oct 2024	All	<p>Significant changes to reflect new Trust Framework version 0.4.</p> <p>Format updated across the document.</p> <p>Changes to terminology throughout, for added clarity (e.g. move away from 'audit' to 'evaluation', remove language that could be confused with ISO 17021).</p> <p>Procedural changes throughout including:</p> <ul style="list-style-type: none"> • move to a 3 yearly certification cycle • inclusion of section on due diligence checks to be carried out prior to certification • white labelling section added • new roles included as per the TF 0.4 • further information provided on surveillance activities. • clarifications, including CABs being required to submit certificates and certification feedback reports. 	DSIT
1.8	Jan-Feb 2025		Added additional requirements in relation to white-labelling and co-branding	DSIT
1.9	April 2025		Information on Scheme Owner expanded. Further information on maintenance, development and uplift of the scheme included.	DSIT

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			Requirements and process of CAB approval, including a letter of approval template included. The approval process and letter of approval are replacing the contract from the previous version of the scheme.	
1.9.1	May 2025	p.27 p.38 p.58 Annex C	Small amendments to the letter of approval and section 7.1.2 on approval, including sections 9.3.3 and 10.5.1 to clarify decision stage	DSIT
1.10	June 2025	p.13 p.58 p.74 p.80 p.84	Updated 2.13 10.6.2, section 2 updated Section 5 updated 11.5, section 2 updated Section 1 updated	DSIT

2 SCOPE

- 1 This document contains the requirements for **CONFORMITY ASSESSMENT BODIES** to perform certification activities for the **UK DIGITAL IDENTITY AND ATTRIBUTE TRUST FRAMEWORK (UK DIATF) CERTIFICATION SCHEME**.
- 2 ISO/IEC 17065:2012 is the international standard, which sets out criteria for bodies operating certification of services and will be used to assess and accredit those **CONFORMITY ASSESSMENT BODIES** operating the **UK DIATF CERTIFICATION SCHEME** for DSIT. This document will be used to supplement and interpret the general criteria contained in ISO/IEC 17065:2012, and additional requirements will be highlighted where applicable.

3 NORMATIVE REFERENCES

1 The following documents contain provisions that, through reference in this text, become part of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK CERTIFICATION SCHEME**.

2 This document **SHALL** be referred to as:

CERTIFICATION SCHEME REQUIREMENTS FOR CONFORMITY ASSESSMENT BODIES

3 For documents that specify a date or version number, later amendments or revisions of that document do not apply as a normative requirement.

4 Readers are encouraged to review the most recent editions and any guidance documents available to gain further insight into how the document has changed and to consider whether or not to implement the latest changes.

5 For documents without dates or version numbers, the latest published edition of the document referred to applies.

6 The following referenced documents are applicable.

- 6.1 ISO/IEC 17000, Conformity assessment — Vocabulary and general principles
- 6.2 ISO/IEC 17020, Conformity assessment — Requirements for the operation of various types of bodies performing inspection
- 6.3 ISO/IEC 17065:2012, Conformity assessment — Requirements for bodies certifying products, processes and services
- 6.4 ISO/IEC 17066:2012, Conformity assessment — Fundamentals of product certification and guidelines for product certification schemes
- 6.5 UK digital identity and attributes trust framework gamma (0.4)
- 6.6 CAB Principles and Code of Ethics
- 6.7 CAB Personnel Skills and Competency Requirements

4 INFORMATIVE REFERENCES

- 1 This document should be read alongside the following documents:
 - 1.1 [ISO/IEC Directives, Part 2, 2018, 33.2](#), Conformity assessment schemes and systems
 - 1.2 [ISO/IEC 17007](#), Conformity assessment – Guidance for drafting normative documents suitable for use for conformity assessment
 - 1.3 [ISO/IEC 17067](#), Conformity assessment – Fundamentals of product certification and guidelines for product certification schemes
 - 1.4 [ISO and UNIDO](#), Building trust –The Conformity Assessment Toolbox. ISO, 2010

5 TERMS AND DEFINITIONS

- 1 Within this document the following terms are used:
 - 1.1 “**SHALL**” indicates a requirement;
 - 1.2 “**SHOULD**” indicates a recommendation;
 - 1.3 “**MAY**” indicates a permission;
 - 1.4 “**CAN**” indicates a possibility or a capability.
- 2 For the purposes of this document, the terms and definitions given in [ISO/IEC 17000](#), ISO/IEC 17065 and the following **SHALL** apply:
 - 2.1 “**APPROVED**” – which means that the relevant **CONFORMITY ASSESSMENT BODY** has been issued with a **LETTER OF APPROVAL** by the **CERTIFICATION SCHEME OWNER**.
 - 2.2 “**ATTESTATION**” – which means issue of a statement of conformity based on a decision following review, that fulfilment of specified requirements has been demonstrated (see ISO/IEC 17000)

Note: in ISO/IEC 17065 the function of “attestation” is related to the subclause on “certification documentation” (see ISO/IEC 17065).
 - 2.3 “**AUDITOR**” – This term is a general term that refers to an individual that undertakes evaluation of a process/service/product under the UK digital identity and attributes trust framework. This can take the form of inspection, audit or testing, depending on the nature of the process/service/product.
 - 2.4 “**CERTIFICATION SYSTEM**” – Rules, procedures and management for carrying out certification: source ISO/IEC 17000
 - 2.5 “**CERTIFICATION SCHEME**” – Certification system related to specific products, processes and services, to which the same

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specified requirements, specific rules and procedures apply: source ISO/IEC 17065. Specifically, it refers to certification under the UK digital identity and attributes trust framework. The term encompasses trust framework, supplementary codes and associated certification scheme documentation.

Note: The rules, procedure and management for implementing product, process and service certification are stipulated by the certification scheme: source ISO/IEC 17065.

- 2.6 **“CERTIFICATION SCHEME OWNER”** – the Certification Scheme Owner owns and runs this Certification Scheme.
- 2.7 **“CONFORMITY ASSESSMENT”** – demonstration that specified requirements relating to a product, process, system, person or body are fulfilled
 - Note: The subject field of conformity assessment includes activities defined elsewhere in this ISO/IEC 17065, such as testing, inspection and certification, as well as the accreditation of Conformity Assessment Bodies.
- 2.8 **“DECISION”** – decision on certification
 - Note: Specified requirements may be stated in normative documents, such as regulations, standards and technical specifications.
- 2.9 **“EVALUATION”** – combination of the selection and determination functions of conformity assessment activities.
 - Note: The selection and determination functions are specified in ISO/IEC 17000:2004, Clauses A.2 and A.3.
 - Note: ISO/IEC 17065 states that, “The Conformity Assessment Body SHALL ensure all necessary information and/or documentation is made available for performing the evaluation tasks.”

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Note: The evaluation tasks can include activities such as design and documentation review, sampling, testing, inspection and audit.

- 2.10 **“LETTER OF APPROVAL”** – letter issued by the **CERTIFICATION SCHEME OWNER** to the **CONFORMITY ASSESSMENT BODY** confirming it meets the necessary requirements as defined by the **CERTIFICATION SCHEME OWNER**. It is a formal ratification that the **CONFORMITY ASSESSMENT BODY** meets the requirements as defined in the **CERTIFICATION SCHEME** documentation.
- 2.11 **“PROCEDURE”** – specified way to carry out an activity or a process [ISO 9000:2015, 3.4.5]
- 2.12 **“PRODUCT”** – result of a process [ISO 9000:2015, 3.4.2]
- 2.13 **“REGISTERED”** – indicates that a **SERVICE PROVIDER** has been added to the register of digital identity and attributes services.
- 2.14 **“SAMPLING”** – provision of a sample of the object of conformity assessment, according to a procedure
- 2.15 **“SERVICE PROVIDER”** – an organisation that is seeking to have a Digital Identity service certified under the UK digital identity and attributes trust framework or already has at least one.
- 2.16 **“SURVEILLANCE”** – (where needed), which means systematic iteration of conformity assessment activities, as a basis for maintaining the validity of the statement of conformity (see ISO/IEC 17000)
- 2.17 **“SPECIFIED REQUIREMENT”** – need or expectation that is stated
- 2.18 **“TESTING”** – determination of one or more characteristic of an object of conformity assessment, according to a procedure

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Note: “Testing” typically applies to materials, products or processes. Inspection – examination of a product design, product, process or installation and determination of its conformity with specific requirements or, on the basis of professional judgement, with general requirements

Note: Inspection of a process may include inspection of persons, facilities, technology and methodology.

2.19 “**TRUST MARK**” – the symbol or logo issued by the **CERTIFICATION SCHEME OWNER** to a **SERVICE PROVIDER** operating products, services and processes that appear on the register of digital identity and attribute services, as defined in the Data (Use and Access) Bill 2024 for use on the **REGISTERED** product, service or process.

Note: The **CERTIFICATION SCHEME OWNER** has not yet authorised the distribution of **TRUST MARKS** under this **CERTIFICATION SCHEME**. A **TRUST MARK SHALL NOT** be used by digital identity and attribute service providers unless or until they have express permission from the **CERTIFICATION SCHEME OWNER**.

2.20 “**TRUST MARKED**” – indicates that a product, service or process is authorised to display a **TRUST MARK**. A **TRUST MARK** may only be displayed if the product, service or process is also **REGISTERED**.

3 In the context of **WHITE LABELLING** and **CO-BRANDING**, the following terms **SHALL** apply:

3.1 “**UNDERPINNING SERVICE**” – a service that complies with the appropriate requirements of the UK Digital Identity and Attributes Trust Framework plus it has additional controls in place as described below in section 10.3.2.

3.2 “**UNDERPINNING CERTIFICATE**” – a certificate from a **CONFORMITY ASSESSMENT BODY** confirming that an

UNDERPINNING SERVICE has been **EVALUATED** successfully against all relevant requirements.

- 3.3 **“WHITE LABELLING”** – the practice of producing, reproducing or rebranding **WHITE LABEL SERVICES**.
- 3.4 **“WHITE LABEL SERVICES”** – products, services or processes that are produced by a **FIRST-PARTY** for a **SECOND-PARTY** and then rebranded, giving users of the service the appearance that the **SECOND-PARTY** created them. The **WHITE LABEL SERVICE** relies upon an **UNDERPINNING SERVICE** operated by the **FIRST-PARTY**, in whole or in part, with the relationship between both parties being controlled by means of a contract or another legally-binding mechanism.
- 3.5 **“FIRST-PARTY”** (e.g. *first-party organisations, first-party services*) – any organisation offering its certified **UNDERPINNING SERVICE** for redistribution or re-branding to a **SECOND-PARTY**.
- 3.6 **“SECOND-PARTY”** (e.g. *second-party organisations, second-party services*) – any organisation redistributing the product, service or process provided by a **FIRST-PARTY** or that allows its brand to be applied to a **WHITE-LABEL SERVICE** by a **FIRST-PARTY**.
- 3.7 **“CO-BRANDING”** where both the first-party and second-party providers' brands are displayed together.

6 CERTIFICATION SCHEME

6.1 INTRODUCTION

- 1 A **CERTIFICATION SCHEME** is a structured and standardised approach to providing third party **ATTESTATION** that required regulations, standards and criteria are met.
- 2 This **CERTIFICATION SCHEME** shall be referred to as the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK CERTIFICATION SCHEME**.

6.2 CERTIFICATION SCHEME OWNER

- 1 The Department of Science, Innovation and Technology (DSIT) is the **CERTIFICATION SCHEME OWNER**. The Office for Digital Identities and Attributes (OfDIA), part of DSIT, is the team responsible for day-to-day operation of the **CERTIFICATION SCHEME**.
- 2 As part of its day-to-day activities, the **CERTIFICATION SCHEME OWNER**:
 - 2.1 develops, maintains and publishes the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** (UK DIATF), **SUPPLEMENTARY CODES** and the associated **CERTIFICATION SCHEME** documentation;
 - 2.2 manages **APPROVED** status of **CONFORMITY ASSESSMENT BODIES**;
 - 2.3 works with stakeholders on the development and maintenance of standards and evaluation methods relevant to the certification scheme;
 - 2.4 collaborates with international community focusing on interoperability between different national digital identity frameworks.

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6.3 DEVELOPMENT AND MAINTENANCE OF THE CERTIFICATION SCHEME

- 1 Management of the **CERTIFICATION SCHEME** encompasses the activities of reviewing the scheme and providing approval for the usage of the scheme during certification activities.
- 2 The **CERTIFICATION SCHEME SHALL** be maintained to reflect the relevant updates to the external requirements on which the scheme is built.
- 3 The **CERTIFICATION SCHEME OWNER SHALL** develop and maintain the scheme in line with the requirements set out below.

6.3.1 PERIODIC REVIEW OF THE CERTIFICATION SCHEME

- 1 The **CERTIFICATION SCHEME OWNER SHALL** carry out periodic review of the content and performance of:
 - 1.1 the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**
 - 1.2 **SUPPLEMENTARY CODES**
 - 1.3 the associated **CERTIFICATION SCHEME** documentation
- 2 The periodic review:
 - 2.1 **SHALL** take place at least annually
 - 2.2 **MAY** take place more frequently if required
- 3 The **CERTIFICATION SCHEME OWNER SHALL**, as part of the review, consider whether changes need to be made and whether consultation is required. This will depend on the complexity and potential implications of the changes on the ecosystem.

6.3.2 MANAGEMENT OF EXTERNAL DEPENDENCIES

- 1 The **CERTIFICATION SCHEME OWNER SHALL** maintain a list of externally referenced documents and standards that underpin the

CERTIFICATION SCHEME. It **SHALL** monitor for changes and **SHALL** determine whether iterations of those standards and documents are compatible with the **CERTIFICATION SCHEME**.

- 2 Where a change to an externally referenced document or standard is considered to be significant – for example, it uplifts a control because of a known security vulnerability – the **CERTIFICATION SCHEME OWNER** will, as soon as practical, update the **CERTIFICATION SCHEME** and reissue it to participants.
- 3 Where a change to an externally referenced document or standard is considered to be otherwise routine, updating the **CERTIFICATION SCHEME** documentation to reference that new version of the document or standard will be considered as part of the annual review cycle.
- 4 If an external document or standard is updated the pre-existing document referenced in the **CERTIFICATION SCHEME** still applies until the revision has been carried out by the **CERTIFICATION SCHEME OWNER** and new documents have been issued to the participants.

6.3.3 CONSULTATION AND ITERATION

- 1 The **CERTIFICATION SCHEME OWNER SHALL** consult with stakeholders whom it considers appropriate on proposed changes/updates to the scheme and relevant documentation. It **SHALL** iterate the scheme based on the feedback, where appropriate.

6.3.4 PRE-RELEASE

- 1 The **CERTIFICATION SCHEME OWNER SHALL** publish on GOV.UK pre-release versions of:
 - 1.1 the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**
 - 1.2 **SUPPLEMENTARY CODES**

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- 2 The **CERTIFICATION SCHEME OWNER SHALL** also share draft **CERTIFICATION SCHEME** documentation with the **CONFORMITY ASSESSMENT BODIES**.
- 3 **CONFORMITY ASSESSMENT BODIES SHALL NOT** use pre-release versions of documentation as a basis for conformity assessment. These versions are shared to provide advance notice of potential scheme changes and may be pending UKAS recognition.
- 4 All applicable and supporting documentation for **CONFORMITY ASSESSMENT BODIES SHALL** be distributed as soon as that documentation has been amended. The **CERTIFICATION SCHEME OWNER SHALL** do this via email to the named person(s) nominated to be the recipient for this scenario.
- 5 **CONFORMITY ASSESSMENT BODIES SHALL** be required to confirm receipt of updated documentation.
- 6 The **CERTIFICATION SCHEME OWNER MAY** forego the pre-release of **CERTIFICATION SCHEME** documentation if there is an urgent requirement or if it deems changes to be minor.

6.3.5 CERTIFICATION SCHEME UPLIFT

6.3.5.1 UKAS RECOGNITION

- 1 The **CERTIFICATION SCHEME OWNER SHALL** share final drafts of the **CERTIFICATION SCHEME** documentation, including the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** and **SUPPLEMENTARY CODES** with UKAS for recognition.
- 2 Once the latest version of the **CERTIFICATION SCHEME** has been recognised by UKAS the **CERTIFICATION SCHEME OWNER SHALL** inform **CONFORMITY ASSESSMENT BODIES**.
- 3 The **CERTIFICATION SCHEME OWNER SHALL** also provide rules, guidance and timelines for implementing the changes and assessing against the new published documents. The timelines will take into consideration the size and complexity of changes as well as possible

urgency of implementing changes to prevent any major disruptions in the digital identity ecosystem.

6.3.5.2 ACCREDITATION

- 1 Before seeking uplift of accreditation, a **CONFORMITY ASSESSMENT BODY SHALL** apply to the Certification Scheme Owner for approval, using the process set out in Section 7 of this Certification Scheme.
- 2 Once approval is obtained from the **CERTIFICATION SCHEME OWNER**, a **CONFORMITY ASSESSMENT BODY SHALL** apply to UKAS for uplift of its accreditation against the latest version of:
 - 2.1 the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**
 - 2.2 any applicable **SUPPLEMENTARY CODES**
 - 2.3 the **CERTIFICATION SCHEME** underpinning those activities
- 3 If a **CONFORMITY ASSESSMENT BODY** does not wish to apply for approval or to apply to uplift accreditation, then it **SHALL** withdraw from the **CERTIFICATION SCHEME**.

6.3.5.3 CERTIFICATION SCHEME RELEASE

- 1 To enable accreditation, when the **CERTIFICATION SCHEME** is recognised, the **CERTIFICATION SCHEME OWNER SHALL** bring into effect for the purposes of certification versions of:
 - 1.1 the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**
 - 1.2 **SUPPLEMENTARY CODES**
 - 1.3 the **CERTIFICATION SCHEME** underpinning those activities
- 2 The **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** and **SUPPLEMENTARY CODES SHALL** be published on GOV.UK, when ready.

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- 3 All other documents **SHALL** be released to **APPROVED CONFORMITY ASSESSMENT BODIES**.
- 4 All applicable and supporting documentation for **CONFORMITY ASSESSMENT BODIES SHALL** be distributed as soon as that documentation has been amended. The **CERTIFICATION SCHEME OWNER SHALL** do this via email to the named person(s) nominated to be the recipient for this scenario.
- 5 **CONFORMITY ASSESSMENT BODIES SHALL** be required to confirm receipt of the updated documentation.
- 6 Where documentation is not published, the **CERTIFICATION SCHEME OWNER SHALL** make relevant scheme documentation available on request to interested third-parties. The **CERTIFICATION SCHEME OWNER SHALL** publish information about how to request the documentation.

6.3.5.4 EXPIRY OF OLD VERSIONS

- 1 The **CERTIFICATION SCHEME OWNER SHALL** include timelines for expiry of old versions of documentation in the latest published version of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** and **SUPPLEMENTARY CODES**.
- 2 If a **SERVICE PROVIDER** fails to implement the changes in accordance with requirements published before expiry, then there **CAN** be consequences up to and including the loss of certification and removal from the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES**.
- 3 If a **CONFORMITY ASSESSMENT BODY** fails to implement the changes before expiry, then there **MAY** be consequences up to and including removal of the **APPROVED** status to operate under the **CERTIFICATION SCHEME**.

6.4 SCHEME TYPE

- 1 This scheme is type 6 and mainly applicable to certification of services and processes.
- 2 Although services are considered as being generally intangible, the determination activities are not limited to the **EVALUATION** of intangible elements (e.g. effectiveness of an organisation's **PROCEDURES**, delays and responsiveness of the management).
- 3 In some situations, the tangible elements of a service can support the evidence of conformity indicated by the assessment of processes, resources and controls involved. For example, the ease of use of a biometric provision for persons with a physical disability. As far as processes are concerned, the situation is very similar. For example, the determination activities for threat intelligence or incident reporting can include testing and inspection of samples of the resultant incident log and analysis, if applicable. For both services and processes, the surveillance part of this scheme should include periodic audits of the management system and periodic assessment of the service or process. ISO/IEC 17067:2013 clause 5.3.8.
- 4 Certification will be for products, systems, services and processes used by organisations that want to provide digital identity and attribute products and services and based on ISO 17065 and the additional requirements required by the **CERTIFICATION SCHEME OWNER**.

6.4.1 PROVIDERS

- 1 Based on the definition of the roles in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**, the following specific services are in the scope of the **CERTIFICATION SCHEME**:
 - 1.1 an identity service provider (IDSP)
 - 1.2 an attribute service provider (ASP)
 - 1.3 an orchestration service provider (OSP)

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- 1.4 a holder service provider (HSP)
- 1.5 a component service provider (CSP)

6.5 SUPPLEMENTARY CODES

- 1 In addition to certification against **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK SERVICE PROVIDERS** can also get certified against **SUPPLEMENTARY CODES**.
- 2 **SUPPLEMENTARY CODES** for which certification can be provided are listed in the document called "**LIST OF SUPPLEMENTARY CODES**".
- 3 **CONFORMITY ASSESSMENT BODIES SHALL NOT** associate certification against these **SUPPLEMENTARY CODES** or the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** with certification against any other external requirements.

6.6 LIABILITY

- 1 The **CERTIFICATION SCHEME OWNER** does not accept liability for outcomes against this **CERTIFICATION SCHEME. CONFORMITY ASSESSMENT BODIES** and the organisations they certify should have appropriate contractual arrangements in place to manage issues relating to liability.

6.7 PRINCIPLES

- 1 **CONFORMITY ASSESSMENT BODIES, AUDITORS** and any other entities that operate the **CERTIFICATION SCHEME SHALL** follow the principles below based on ISO/IEC 17065. Further explanation and expansion of these principles can be found in **CAB PRINCIPLES AND CODE OF ETHICS**:

- 1.1 **Impartiality:** The operation and implementation of this scheme will be impartial, so that it can provide confidence in its

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outcomes. Any conflicts of interest are mitigated throughout the operation of the scheme.

1.2 **Openness:** This **CERTIFICATION SCHEME** will apply openness by disclosing and giving access to appropriate information, while respecting confidentiality. This includes access to the scheme requirements.

1.3 **Transparency:** This **CERTIFICATION SCHEME** will be operated and administered in a transparent manner. Transparency means that this scheme has been developed to be accessible, in a non-discriminatory manner, to all interested parties.

1.4 **Improvement:** The **CERTIFICATION SCHEME OWNER** will measure the scheme's impact and demonstrate progress towards its intended outcomes, and regularly integrate learning to improve and to increase the benefits for end-users.

1.5 **Relevance:** This **CERTIFICATION SCHEME** has been developed in response to market needs. It is designed to be fit-for-purpose and to meet those market needs.

1.6 **Engagement:** A balanced and representative group of interested parties is engaged in the development and management of the scheme.

1.7 **Truthfulness:** This scheme is developed with the aim that the outcomes achieve the intended results and any communication, including claims, is a true and fair reflection of outcomes.

1.8 **Efficiency:** All the components of this **CERTIFICATION SCHEME** are structured to deliver measurable, quality outcomes. This scheme contains the necessary requirements to achieve the intended outcomes and does not overburden participants.

7 REQUIREMENTS FOR THE CONFORMITY ASSESSMENT BODY

- 1 A **CONFORMITY ASSESSMENT BODY** carrying out **CONFORMITY ASSESSMENTS** and certification against the present document **SHALL** be accredited under:
 - 1.1 ISO/IEC 17065
 - 1.2 **UK DIGITAL IDENTITY AND ATTRIBUTE TRUST FRAMEWORK CERTIFICATION SCHEME**
- 2 It **SHALL** conduct **CONFORMITY ASSESSMENTS** and certification against the present document in accordance with the ISO/IEC 17065 standard and the **CERTIFICATION SCHEME**.

7.1 CERTIFICATION SCHEME OWNER APPROVAL FOR CONFORMITY ASSESSMENT BODIES

- 1 **CONFORMITY ASSESSMENT BODIES SHALL** be **APPROVED** by the **CERTIFICATION SCHEME OWNER**, prior to accreditation, such that they **MAY** undertake conformity assessment activities against this **CERTIFICATION SCHEME** with explicit intention of getting accredited by UKAS against the scheme. **CONFORMITY ASSESSMENT BODIES SHALL** maintain their **APPROVED** status at all times when certifying under the scheme.
- 2 **CONFORMITY ASSESSMENT BODIES SHALL** be **APPROVED** if:
 - 2.1 they apply to the **CERTIFICATION SCHEME OWNER** to become an **APPROVED CONFORMITY ASSESSMENT BODY**. This application **SHALL** include information as defined in the application section of this document; and
 - 2.2 the **CERTIFICATION SCHEME OWNER** is satisfied that the **CONFORMITY ASSESSMENT BODY** meets the requirements for approval as defined in section 7.1.2; both at the point of application and on an ongoing basis.

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- 3 Conformity assessment conducted by a **CONFORMITY ASSESSMENT BODY** that has not been **APPROVED** or is not **APPROVED** at the time the conformity assessment takes place **SHALL NOT** be valid under the **CERTIFICATION SCHEME**.
- 4 Certificates **SHALL** only be valid under the **CERTIFICATION SCHEME** if they are issued by an **APPROVED CONFORMITY ASSESSMENT BODY**.

7.1.1 APPLICATION FOR APPROVAL

- 1 **CONFORMITY ASSESSMENT BODIES SHALL** apply to the **CERTIFICATION SCHEME OWNER** for a **LETTER OF APPROVAL**.
- 2 The **CONFORMITY ASSESSMENT BODY SHALL** do so by providing:
 - 2.1 a description of conformity assessment activities it intends to carry out
 - 2.2 a confirmation it meets all the necessary requirements as defined by the **CERTIFICATION SCHEME OWNER**
 - 2.3 a confirmation it is applying for **LETTER OF APPROVAL** with intention of getting accredited by UKAS against the **CERTIFICATION SCHEME**
- 3 **CERTIFICATIONS SCHEME OWNER SHALL** maintain an application form. **CONFORMITY ASSESSMENT BODIES SHALL** use this form to apply for approval.
- 4 The **CERTIFICATION SCHEME OWNER SHALL** publish a list of **APPROVED CONFORMITY ASSESSMENT BODIES** on GOV.UK.

7.1.2 CONDITIONS OF APPROVAL

- 1 In order to obtain and maintain approval, **CONFORMITY ASSESSMENT BODIES SHALL**:

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- 1.1 Operate in line with the requirements of the **CERTIFICATION SCHEME** as set out in the documentation provided by the **CERTIFICATION SCHEME OWNER**.
- 1.2 Operate in line with the additional requirements set out in the **LETTER OF APPROVAL**, a template for which is included in Annex C.
- 1.3 Operate in line with ISO 17065 and associated normative references as specified by the **CERTIFICATION SCHEME OWNER**.
- 1.4 Provide reasonable data to the **CERTIFICATION SCHEME OWNER** about the performance of the **CONFORMITY ASSESSMENT BODY** itself to assist with policy development as requested by the **CERTIFICATION SCHEME OWNER**, unless otherwise prohibited in law.
- 1.5 Implement other such operational requirements as determined by the **CERTIFICATION SCHEME OWNER** on an ongoing basis, with the **CERTIFICATION SCHEME OWNER** providing reasonable notice.
- 1.6 Positively promote the **CERTIFICATION SCHEME** as part of the **CONFORMITY ASSESSMENT BODY**'s ongoing business.

7.1.3 LETTER OF APPROVAL

- 1 If a **CONFORMITY ASSESSMENT BODY** is **APPROVED** by the **CERTIFICATION SCHEME OWNER** then the **CERTIFICATION SCHEME OWNER SHALL** issue a **LETTER OF APPROVAL**.
- 2 The **LETTER OF APPROVAL SHALL** confirm that the **CONFORMITY ASSESSMENT BODY** meets the key requirements set out by the **CERTIFICATION SCHEME OWNER** for the **CONFORMITY ASSESSMENT BODIES** to obtain and maintain **APPROVED** status.

- 3 **CONFORMITY ASSESSMENT BODIES SHALL** share the **LETTER OF APPROVAL** with UKAS prior to starting the accreditation process against the **CERTIFICATION SCHEME**.
- 4 **CONFORMITY ASSESSMENT BODIES** that are **APPROVED SHALL** apply for or hold accreditation to certify services against the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**.
- 5 **CONFORMITY ASSESSMENT BODIES SHALL** inform UKAS of any changes to its **APPROVED** status and **LETTER OF APPROVAL**.
- 6 A proforma for the **LETTER OF APPROVAL** is contained at **ANNEX C**.

7.1.4 WITHDRAWAL OF APPROVED STATUS

- 1 The **CERTIFICATION SCHEME OWNER MAY** withdraw **APPROVED** status from a **CONFORMITY ASSESSMENT BODY** if it no longer conforms to the conditions of approval or loses its accreditation against this **CERTIFICATION SCHEME**.
- 2 Before withdrawing **APPROVED** status from a **CONFORMITY ASSESSMENT BODY**, the **CERTIFICATION SCHEME OWNER SHALL**, by written notice, inform the **CONFORMITY ASSESSMENT BODY** of its intention to do so. The written notice shall:
 - 2.1 state the reason(s) why the **CERTIFICATION SCHEME OWNER** is intending to withdraw **APPROVED** status
 - 2.2 explain that the **CONFORMITY ASSESSMENT BODY MAY** make written or oral representations to the **CERTIFICATION SCHEME OWNER** about the intention to withdraw **APPROVED** status
 - 2.3 state the period within which the **CONFORMITY ASSESSMENT BODY MAY** make those representations
- 3 The period within which the **CONFORMITY ASSESSMENT BODY MAY** make representations to the **CERTIFICATION SCHEME OWNER** about its

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intention to withdraw **APPROVED** status **SHALL NOT** be less than 21 calendar days, beginning on the day on which the notice is given.

- 4 The **CERTIFICATION SCHEME OWNER SHALL NOT** decide to withdraw **APPROVED** status unless or until it has considered all representations made by the **CONFORMITY ASSESSMENT BODY**.
- 5 If the **CERTIFICATION SCHEME OWNER** decides finally to withdraw **APPROVED** status, it **SHALL** by written notice inform the **CONFORMITY ASSESSMENT BODY** and UKAS.

8 CERTIFICATION PROCESS

- 1 The present **CERTIFICATION SCHEME** describes the requirements for certification of **SERVICE PROVIDERS** against the trust framework requirements, including provider criteria, and the related controls, which should be sufficient to demonstrate a **SERVICE**'s conformity with all the relevant rules in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**, in such a way that the requirements:
 - 1.1 are organised per type of service
 - 1.2 are organised per **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** requirement as applicable to a specific type of service
 - 1.3 include a sufficient set of criteria to confirm that the assessed **SERVICE** meets the applicable **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** requirements
 - 1.4 ensure that all relevant aspects of the **SERVICE** activities are fully covered, and
 - 1.5 take into account the outcome-based approach to the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**'s requirements and do not impose specific ways and, in particular, no specific standard for the assessed **SERVICE PROVIDER** to implement the applicable requirements
- 2 In general, and in particular when based on standards or publicly available specifications, requirements are:
 - 2.1 supported by demonstrating that the criteria coming from those standards or publicly available specifications are suitable for confirming that the specific applicable **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** requirements necessary to support an **EVALUATION** are met, and

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3 able to allow separate certification of **SERVICES** against specific standards, where applicable under sector specific scheme processes.

8.1 PRODUCT OR PRODUCT GROUP TO BE CERTIFIED

1 Based on the definition of the roles in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**, the following specific services are in the scope of the **CERTIFICATION SCHEME**:

- 1.1 an identity service provider (IDSP)
- 1.2 an attribute service provider (ASP)
- 1.3 an orchestration service provider (OSP)
- 1.4 a holder service provider (HSP)
- 1.5 a component service provider (CSP)

8.2 NAME OF THE SCHEME

1 **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK CERTIFICATION SCHEME**

8.3 METHODS OF CONFORMITY ASSESSMENT

1 ISO/IEC 17067 scheme type 6:

- 1.1 initial review of provider and service design
- 1.2 initial assessment of provider and service implementation
- 1.3 initial assessment of provider and service operations

8.4 SURVEILLANCE

1 Assessment of provider and service design changes

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- 2 Assessment of the provider and service supporting processes
- 3 Assessment of the provider and service operations
- 4 Assessment of the management system

8.5 STANDARDS, GUIDANCE AND NORMATIVE DOCUMENTS

1 Required

- 1.1 **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**

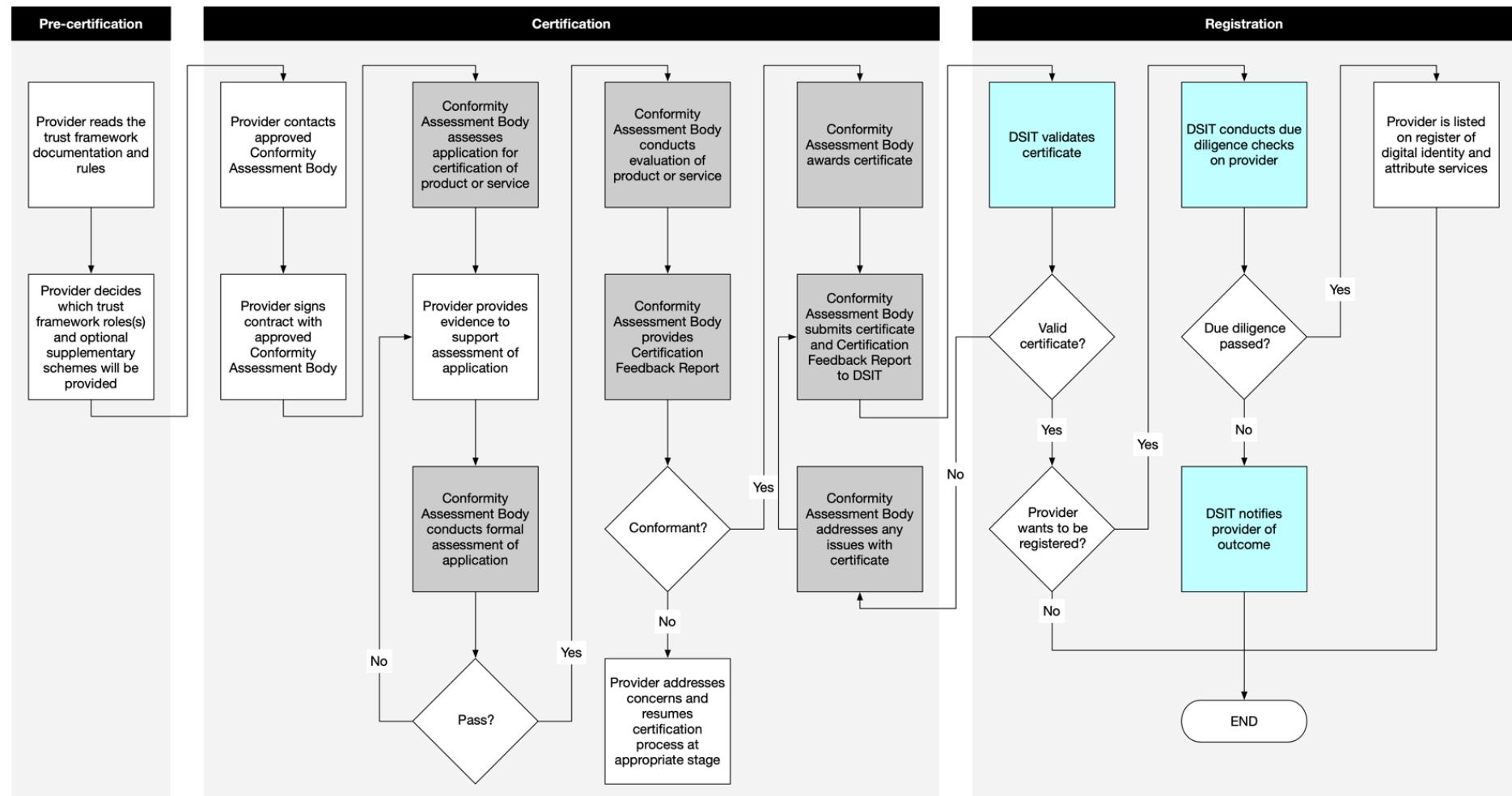
2 Supporting standards and guidance

- 2.1 As found in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**, Table of standards, guidance and legislation

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8.6 PROCESS FLOW

1 An overview of the certification process is described in the diagram below.



9 APPLICATION

9.1 PROCESS OVERVIEW AND ACTIVITIES

- 1 In this process, the **CONFORMITY ASSESSMENT BODY SHALL** perform a set of preparation activities aiming to define and agree on the plan and scope of the **CONFORMITY ASSESSMENT**. This initial stage will also help set the timing of the **EVALUATIONS**, the exact locations where the stages will take place, an assessment and certification proposal regarding the desired area of certification, and the assessment and certification agreement terms and conditions.

9.2 APPLICATION REVIEW

- 1 The purpose of performing an application review is to determine if sufficient information has been received from the applying organisation to prepare for the certification **EVALUATION**.

9.2.1 DETERMINING APPLICANT ELIGIBILITY

- 1 The **CONFORMITY ASSESSMENT BODY SHALL** be responsible for determining whether a product, process or service making up the digital identity service presented by a potential client meets the scope for a **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** certification, and which role the **SERVICE** covers.
- 2 The **CONFORMITY ASSESSMENT BODY MAY** request guidance from the **CERTIFICATION SCHEME OWNER** in this matter. If the **SERVICE PROVIDER** does not agree with the **DECISION** of the **CONFORMITY ASSESSMENT BODY**, the **CONFORMITY ASSESSMENT BODY MAY** refer the complaint to the **CERTIFICATION SCHEME OWNER** to consider.
- 3 From this information the **CONFORMITY ASSESSMENT BODY** can determine the **EVALUATION** size for each location in scope in order to prepare a suitable proposal for the certification **EVALUATION**.

9.3 PROCESS OVERVIEW AND ACTIVITIES

- 1 The process of performing an application review consists of several subprocesses.

9.3.1 REVIEW THE APPLICATION

- 1 The **CONFORMITY ASSESSMENT BODY SHALL** review the application from the **SERVICE PROVIDER** to determine if sufficient information is provided to scope the **EVALUATION** requirements. As part of the review, the following items **SHALL** be assessed:
 - 1.1 the information as provided about the **SERVICE PROVIDER** and the **SERVICE** is sufficient for the conduct of the certification process
- 2 All associated business risks, areas of activity and types of sites in scope are outlined by the **SERVICE PROVIDER** so they can be understood by **AUDITORS**
 - 2.1 any known difference in understanding between the **CONFORMITY ASSESSMENT BODY** and the **SERVICE PROVIDER** which can be resolved, including agreement regarding standards or other normative documents
 - 2.2 the scope of certification sought is defined (i.e., the **SERVICE** and, if applicable, specific components in scope, including any **WHITE LABELLING** activities.)
 - 2.3 the means are available to perform all **EVALUATION** activities
 - 2.4 assessing contractors, subcontractors, franchisees, etc. where all or part of the **SERVICE** delivery is contracted or outsourced
 - 2.5 the **CONFORMITY ASSESSMENT BODY** has the competence and capability to perform the certification activity, and
 - 2.6 the availability of the required competencies can be confirmed.

- 2.7 the intention of the **SERVICE PROVIDER** to get their **SERVICE(s)** registered on the **REGISTER FOR DIGITAL IDENTITY AND ATTRIBUTE SERVICES**.
- 3 All details **SHALL** be documented in the Application Review and used to determine if the appropriate competencies are available within the **CONFORMITY ASSESSMENT BODY**. The decision to undertake certification **SHALL** be justified in the Application Review.

9.3.2 CONDUCT CHECKS ON THE APPLICANT IN LINE WITH CERTIFICATION SCHEME OWNER'S REQUIREMENTS

- 1 **CONFORMITY ASSESSMENT BODY SHALL** carry out checks on the provider wishing to certify their product, process or service, prior to commencing certification. Checks will be in line with requirements set out in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**. The checks will include:
 - 1.1 that the **SERVICE PROVIDER** is a legitimate entity and is registered with the Companies House or equivalent (for other jurisdictions) and has relevant number (Charities Commission registration number, Data Universal Numbering System (DUNs) number, Legal Entity Identifier (LEI) or other information that identifies the provider as a registered entity in the UK or in another jurisdiction), as specified in section 11.1.c of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** 0.4.
 - 1.2 that the directors of the **SERVICE PROVIDER** do not have any restrictions or constraints to carry out their duties. This would include, but is not limited to, checks for bankruptcy proceedings against or court summons for the directors
 - 1.3 the **SERVICE PROVIDER** (and parent company where applicable), ultimate beneficial owners, company directors and people with significant control do not appear on UK sanctions list (which can be downloaded from GOV.UK website)

- 1.4 the **SERVICE PROVIDER** is not involved in any outstanding proceedings which could affect the provision of the digital verification service. This could include, but is not limited to, proceedings in relation to patent disputes, court orders, criminal or small claims court proceedings.
- 1.5 the **SERVICE PROVIDER** does not have any convictions or pending sanctions cases relating to corruption, bribery, money laundering, terrorism financing or fraud as defined in law such as the Money Laundering Regulations, and the Fraud Act (2006).
- 1.6 The **SERVICE PROVIDER** has adequate financial resources for the provision of the product, service or process they wish to certify, including potential liabilities.

2 The **CONFORMITY ASSESSMENT BODY SHALL** do the above checks via appropriate means so that it can satisfy itself that the **SERVICE PROVIDER** meets those requirements.

9.3.3 DETERMINE EVALUATION TIME

- 1 The time to be allocated for the **EVALUATION** activities **SHALL** be based on following factors:
 - 1.1 size of the **SERVICE** scope
 - 1.2 complexity of the **SERVICE**
 - 1.3 type of business performed within scope of the **SERVICE**
 - 1.4 extent and diversity of technology utilised in the implementation of the various components of the **SERVICE**
 - 1.5 number of sites and location of sites
 - 1.6 extent of testing/sampling of the services/processes
 - 1.7 previously demonstrated performance of the **SERVICE**

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- 1.8 extent of outsourcing and third-party arrangements used within the scope of the **SERVICE**
- 1.9 standards, publicly available specifications and regulatory requirements that apply to the certification, and
- 1.10 existing certifications, including whether the **SERVICE PROVIDER** has been assessed against the trust framework before.

2 This **CERTIFICATION SCHEME** expects that the usual **EVALUATION** activities include:

- 2.1 conducting the opening meeting
- 2.2 performing document review while conducting the **EVALUATION**
- 2.3 testing/sampling of the services/processes
- 2.4 communicating during the **EVALUATION**
- 2.5 assigning roles and responsibilities of guides and observers
- 2.6 collecting and verifying information
- 2.7 generating findings
- 2.8 documenting results of all evaluation activities prior to review
- 2.9 preparing conclusions in a **CERTIFICATION FEEDBACK REPORT**, and
- 2.10 conducting the closing meeting

Note: The template for the **CERTIFICATION FEEDBACK REPORT** produced by the **CONFORMITY ASSESSMENT BODY** SHALL be provided as an external document.

3 The time to be allocated for the **EVALUATION SHOULD** be calculated using all of the above sets of factors and will be documented in a justification document or equivalent document for any **EVALUATIONS** carried out on the **SERVICE**.

9.4 PREPARING THE PROPOSAL

- 1 Based on the positive **EVALUATION** of a potential **SERVICE PROVIDER**'s certification application, a proposal will be prepared. This internal process is described in Section 4 of the "General Procedures and Processes" - ISO/IEC 17065.

9.5 CERTIFICATION EFFORTS

- 1 The **CONFORMITY ASSESSMENT BODY SHALL** allow **AUDITORS** sufficient time to undertake all activities relating to an initial certification, surveillance or recertification.
- 2 Certification **EVALUATIONS** may include:
 - 2.1 remote **EVALUATION** techniques such as interactive web-based collaboration
 - 2.2 teleconferences or other remote means of verification of the organisation's processes
 - 2.3 on-site assessments
- 3 Data protection and privacy requirements must still be met in the use of the above.
- 4 All activities **SHALL** be identified in the **EVALUATION** plan, and the time spent on these activities may be considered as contributing to the total duration of **EVALUATION**. In instances where the **CONFORMITY ASSESSMENT BODY** plans an **EVALUATION** for which the remote **EVALUATION** activities represent more than 30% of the planned on-site duration, the **CONFORMITY ASSESSMENT BODY SHALL** justify the **EVALUATION** plan and maintain the records of this justification which **SHALL** be available to UKAS or the **CERTIFICATION SCHEME OWNER** for review.
- 5 The **CERTIFICATION SCHEME OWNER** will not set the number of days required for certification. The time needed to carry out **CONFORMITY ASSESSMENTS**, certification and any related activities, when applicable,

will be set by each **CONFORMITY ASSESSMENT BODY**. The number of days expected for certification must be transparent and justified based on the factors listed under **DETERMINE EVALUATION TIME**.

9.6 SURVEILLANCE

- 1 Certificates, once issued, are valid for three years, subject to satisfactory ongoing surveillance, as described below.
- 2 The focus of surveillance is to ensure a certified **SERVICE** continues to comply with the certification requirements between certification and recertification **EVALUATIONS**. These **SHOULD** take place every 12 months and **SHALL** take place +/- 30 days of the anniversary of the initial certification.
- 3 **SURVEILLANCE** activities **MAY** take place outside of this window if there is any change to the **SERVICE** being offered or if requested by the **CERTIFICATION SCHEME OWNER**, or a **CONFORMITY ASSESSMENT BODY**, so long as the period between **EVALUATIONS** is not greater than 15 months. This exception to the ordinary process **SHALL** be approved by the **CERTIFICATION SCHEME OWNER**. The **CONFORMITY ASSESSMENT BODY** **SHALL** maintain records justifying extension period as well as **CERTIFICATION SCHEME OWNER**'s decision in relation to that request.
- 4 These **SURVEILLANCE** activities are part of the standard certification requirements and **MAY** be chargeable by the **CONFORMITY ASSESSMENT BODY** to the **SERVICE PROVIDER**.
- 5 **SURVEILLANCE** activities **SHOULD** be scoped to include the **CONFORMITY ASSESSMENT** preparation and reporting. The effort will depend on the size and complexity of the **SERVICE PROVIDER** organisation and implementation of the **SERVICE** it provides, which could require visiting less or more locations with associated travel and extra reporting time.
- 6 The **SURVEILLANCE** activity **SHALL** be based on defined upgrade paths.

- 7 The **CONFORMITY ASSESSMENT BODY SHALL** document the reasons for the number of person-days in its proposals to **SERVICE PROVIDERS** and **SHOULD** be able to present such information on request to UKAS and the **CERTIFICATION SCHEME OWNER** if required.
- 8 The **CONFORMITY ASSESSMENT BODY SHALL** document results of **SURVEILLANCE EVALUATIONS** in the **CERTIFICATION FEEDBACK REPORT**. This report **SHALL** always be provided to the **SERVICE PROVIDER**. If, following **SURVEILLANCE** activities, a **CONFORMITY ASSESSMENT BODY** has issued a revised certificate then the **CONFORMITY ASSESSMENT BODY SHALL** submit the new certificate and the updated report to the **CERTIFICATION SCHEME OWNER** within 48 hours.
- 9 **NOTE:** 3-year certificates **MAY** only be issued following an initial or recertification **EVALUATION**. Certificates issued under the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK BETA (0.3)** will, following **SURVEILLANCE** against the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK GAMMA (0.4)**, continue with a 2-year validity.

9.7 CERTIFICATION COSTS

- 1 The costs for carrying out **EVALUATIONS**, certification and any related activities, when applicable, **SHALL** be indicated in the applicable terms and conditions of the **CONFORMITY ASSESSMENT BODY**. These costs **SHALL** be visible, transparent and justified.

10 SELECTION

10.1 EVALUATION CRITERIA

- 1 The scope of the **EVALUATION** criteria for the certification, re-certification and surveillance is defined by a selection or combination of:
 - 1.1 requirements for all trust framework participants
 - 1.2 identity service provider criteria
 - 1.3 attribute service provider criteria
 - 1.4 holder service provider
 - 1.5 orchestration service provider criteria
 - 1.6 component service provider
 - 1.7 assessing compliance with one or more **SUPPLEMENTARY CODES**
 - 1.8 Assessing compliance with **WHITE LABELLING** requirements

10.1.1 STANDARDS AND REFERENCE MATERIAL

- 1 The **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK** does not mandate compliance with a specific standard. However, standards can provide controls that allow for specific elements of the normative requirements to be verified or tested, thereby assisting the **CONFORMITY ASSESSMENT** team in assessing the conformity with a requirement. Where a specific standard is given as an example that would satisfy a particular requirement, then any alternative approach must be evaluated by the **CONFORMITY ASSESSMENT BODY** to ensure that this is the case. The standards or reference material are subject to changes, for example, if a new version of the standard is published.
- 2 **CONFORMITY ASSESSMENT BODIES SHOULD** avoid re-evaluating **SERVICE PROVIDERS** for standards for which they can provide evidence of existing certification by a **CONFORMITY ASSESSMENT BODY** accredited as competent to provide such certifications and where the **AUDITOR** competencies required for the accreditation of **CONFORMITY**

ASSESSMENT BODIES against such standards meet or exceed the relevant competencies for the **CERTIFICATION SCHEME**. Existing certificates should be provided as part of the application process. A **CONFORMITY ASSESSMENT BODY** should ensure that there is at least six months until expiry.

10.2 PREPARING THE CONFORMITY ASSESSMENT PROCESS

- 1 Once there is a certification contractual agreement in place between the **SERVICE PROVIDER** and the **CONFORMITY ASSESSMENT BODY**, the **CONFORMITY ASSESSMENT BODY** will request that the **SERVICE PROVIDER** make all necessary arrangements for the conduct of the **EVALUATION**, including the provision for examining documentation and the access to all areas, including those of subcontractors and records. This should also include internal audits and reports of independent reviews of information security and personnel for the purposes of **EVALUATIONS** and resolution of complaints.

10.2.1 TEAM SELECTION

- 1 The **AUDITORS** that perform the **EVALUATIONS** must have the proper technical skill set, qualifications and experience to successfully perform certification **EVALUATIONS**. It is essential that **CONFORMITY ASSESSMENT BODIES** are able to guarantee the quality of existing **AUDITORS**, new **AUDITORS** and local resources such as required for management oversight. For each **EVALUATION**, **AUDITORS** and technical professionals will be:
 - 1.1 Selected based on their competence, training, qualifications and experience
 - 1.2 Monitored for the performance during **EVALUATIONS**
- 2 Requirements toward competencies and experience **SHALL** have been defined in forms for personnel involved in the certification process, based on the requirements of ISO/IEC 17065. Every member involved in the certification process will fill in the applicable competence and qualification forms, describing competencies and experiences.

10.2.2 PREPARING AND SENDING THE EVALUATION PLAN

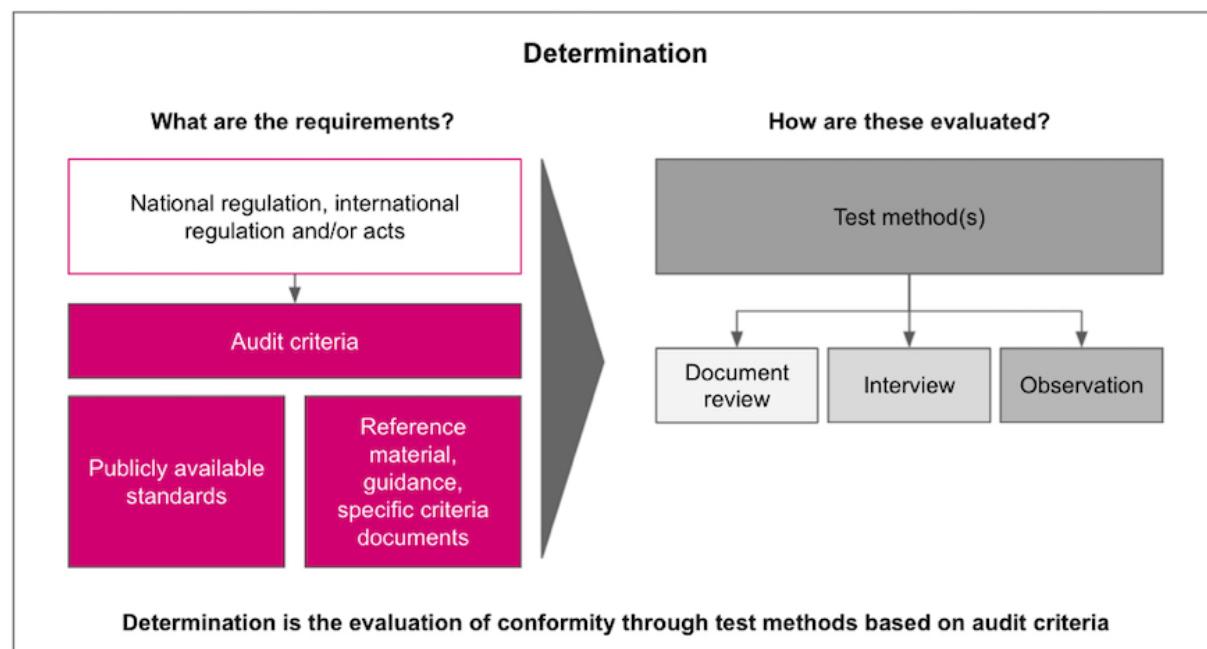
- 1 To ensure both the **AUDITORS** and the **SERVICE PROVIDER** are at the correct level of preparedness, an **EVALUATION** plan will be sent to the organisation prior to the **EVALUATION**.

10.3 DETERMINATION

- 1 Upon the conclusion of the certification contractual agreement, the **CONFORMITY ASSESSMENT BODY SHALL** assign a certification process number and inform the contracting **SERVICE PROVIDER** of the name of the responsible certifier and the responsible team leader. The responsible certifier and the **AUDITORS** inform the **SERVICE PROVIDER** of the time schedule of the certification process.

10.3.1 OVERVIEW

- 1 The following visualisation provides an overview of the determination activities.



10.3.2 PERFORMING THE EVALUATION

- 1 A team leader for the certification activity **SHOULD** be nominated. The **EVALUATION** is then performed by the team under the responsibility of the team leader according to the requirements and specifications of the **CONFORMITY ASSESSMENT BODY**. The responsible certifier, together with the **SERVICE PROVIDER** and the team, plans the time schedule of the **EVALUATION** and, if necessary, finally clears any questions regarding the **EVALUATION** in preliminary meetings.
- 2 The **EVALUATION** comprises all activities that are necessary to obtain complete information about the fulfilment of the specified requirements by the certification object. That includes planning and preparation activities, as well as document review, observation and interviews. There will also be a sampling of the processes and these will be evaluated against criteria.
- 3 The **AUDITORS** evaluate the **SERVICE PROVIDER** regarding their compliance with the relevant trust framework requirements. During such an **EVALUATION**, compliance of the organisational and technical measures of the **SERVICE PROVIDER** is evaluated against the applicable requirements.
- 4 The **EVALUATION SHALL** include both a design and documentation review and an onsite **EVALUATION** to confirm that the implemented **SERVICE** conforms to the applicable normative requirements of the **CERTIFICATION SCHEME**.
- 5 Upon completion of the **EVALUATION**, the **AUDITORS SHALL** prepare a **CERTIFICATION FEEDBACK REPORT** forming the basis of the certification **DECISION**. The **CONFORMITY ASSESSMENT BODY** performs a review of the **EVALUATION** using the prepared **CERTIFICATION FEEDBACK REPORT** and monitors compliance with the procedural requirements on the basis of ISO/IEC 17065. The certification **DECISION** is recorded. The **SERVICE PROVIDER** is informed of the **DECISION**.
- 6 The **EVALUATIONS SHALL** be performed by **AUDITORS** who are either employees of the **CONFORMITY ASSESSMENT BODY** or are persons approved by the **CONFORMITY ASSESSMENT BODY**.

- 7 When there is a positive certification **DECISION**, the certificate is issued and reflects the scope of the certification and a validity period of three (3) years. For circumstances where there is a negative **DECISION**, the **SERVICE PROVIDER** will be given detail on the reasons for that **DECISION** along with the findings that need to be addressed before a positive certification **DECISION** can be made.
- 8 The **CONFORMITY ASSESSMENT BODY** performs its activities predominantly on its own premises. In addition, document reviews, observations and interviews are also performed on the **SERVICE PROVIDER**'s premises or on any premises used by the **SERVICE PROVIDER** to provide its **SERVICE**, in accordance with ETSI EN 319 403, in particular for multi-site sampling.

10.4 DETERMINATION ACTIVITIES

10.4.1 DETERMINATION ACTIVITY TYPE

- 1 The **EVALUATION** activities or tasks to be performed during the **CONFORMITY ASSESSMENT** are of the determination activity type audit.
- 2 We consider the following **EVALUATION** activities or tasks as part of the audit activity type, as defined by ISO 17065 clause 7.4.3 which refers to activities 'such as design and documentation review, sampling, testing, inspection and audit.':
 - 2.1 Interviews
 - 2.2 Review of documentation and records
 - 2.3 Observation of processes and activities

10.4.2 DOCUMENTATION REQUEST

- 1 Throughout the **CONFORMITY ASSESSMENT**, the following documents will typically be required to be provided by the organisation for assessment:

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- 1.1 general information concerning and describing the **SERVICE** and the activities it covers
- 1.2 description of the organisational structure of the **SERVICE PROVIDER**, including the use made and organisational structure of other parties (subcontractors) that provide parts of the **SERVICE** being audited
- 1.3 description of the locations, sizes and functions (tasks and responsibilities) of roles and people involved in the **SERVICE** operational life cycle processes, facility, management, technical security control processes (including other parties used, e.g., subcontractors), and also evidence of their competence or any analysis done for the same
- 1.4 service policy and service practices statement and, where required, the associated documentation like IT network infrastructure plans with all relevant systems, manuals and instructions for the operation of the **SERVICE**
- 1.5 risk assessment related documentation aimed to support demonstration of the requirement of trust framework (as per the list below.)

2 Risk assessment related documentation aimed to support demonstration of the requirement of trust framework, including:

- 2.1 information security risk analysis with risks and opportunities and the actions taken to address them related to all of the interested parties
- 2.2 description of the risk assessment and treatment methodology
- 2.3 management (in particular, policy management authority, or PMA) review and meeting minutes
- 2.4 internal and external audit reports or certifications
- 2.5 independent reviews of information security

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- 2.6 a security and personal data breach notification plan aimed to support demonstration of the requirements in data protection legislation
- 2.7 evidence of the detection of and reaction to security incidents; nonconformities identified during external or internal audits, including the corrective action taken for each
- 2.8 network overview diagrams supporting segmentation and security measures, including controls and risk assessments related to external components
- 2.9 detailed verification steps and guidelines documentation training materials for vetting staff
- 2.10 arrangements to cover liability (certificate and evidence of payment)
- 2.11 information security policies and procedures, including, but not limited to those in the list below:
 - 3 Information security policies and procedures, including, but not limited to:
 - 3.1 key management
 - 3.2 logical security
 - 3.3 personnel security
 - 3.4 physical security
 - 3.5 backup and recovery
 - 3.6 incident management
 - 3.7 business continuity and disaster recovery
 - 3.8 data protection and asset classification
 - 3.9 change management
 - 3.10 procedures and controls in support of:
 - 3.10.1 publication and repository responsibilities

- 3.10.2 identification and authentication, when applicable
- 3.10.3 service life cycle operational requirements
- 3.10.4 facility, management and operation controls
- 3.10.5 technical security controls
- 3.11 the termination plan of **SERVICE**
- 3.12 subscriber agreement and related terms and conditions
- 3.13 risk analysis and business continuity plans relating to the certification status of an **UNDERPINNING SERVICE**, if the service provider is seeking certification is operating a **WHITE LABEL SERVICE**.

10.4.3 DOCUMENTATION REVIEW

- 1 In preparation for the **EVALUATION**, **AUDITORS SHALL** obtain and review the documentation on the **SERVICE PROVIDER** and the **SERVICE** that is the subject of the **EVALUATION**. **AUDITORS SHALL** make the provider aware of any further types of information and records that may be additionally required for verification during the document review. In this stage of the **EVALUATION**, the **CONFORMITY ASSESSMENT BODY SHALL** also obtain documentation of the design of the **SERVICE**.
- 2 The objectives of the documentation review are:
 - 2.1 to evaluate and review the **SERVICE PROVIDER**'s documentation
 - 2.2 to evaluate **SERVICE PROVIDER** locations and site-specific conditions
 - 2.3 to provide a focus for planning the on-site **EVALUATION** by gaining an understanding of the structure and extent of the **SERVICE**
 - 2.4 to review **SERVICE PROVIDER**'s status and understanding regarding the normative requirements and specifically those of

regulation, policy and standards, in particular with respect to the identification of key performance or significant aspects, processes, objectives and operation of the **SERVICE**

- 2.5 to collect necessary information regarding the scope of the **SERVICE**, processes and locations of the **SERVICE PROVIDER**; levels of controls established and related statutory and regulatory aspects and compliance (e.g. quality, environmental, legal aspects of operation, associated risks)
- 2.6 to perform verification of records regarding legal entity, arrangements to cover liability, contractual relationships between **SERVICE PROVIDER** and potential contractors operating or providing sub-component services, and further investigations with regard to the preliminary **EVALUATION** of the self-declared partial compliance or noncompliance
- 2.7 to evaluate the effectiveness of the **SERVICE** management to make certain the **SERVICE PROVIDER** is continually meeting its specified objectives, and
- 2.8 to evaluate if the internal audits and management review are being planned and performed and that the level of implementation of **SERVICE** management substantiates that the **SERVICE PROVIDER** is ready for the on-site **EVALUATION**.

3 During the first stage of the **EVALUATION** of the **SERVICE**, the **AUDITORS** analyse and examine the conformity of the documentation required by the normative requirements. If the assessment reveals that the **SERVICE** as described does not meet the requirements, no on-site **EVALUATION** is performed. The **SERVICE PROVIDER** is given the opportunity then to adjust the documentation to the requirements and have it examined by the **AUDITORS** again.

4 If, after the examination of the **SERVICE PROVIDER**'s documentation, the **AUDITORS** arrive at the conclusion that the **SERVICE** with its documentation meets the requirements of the applicable normative requirements, the on-site **EVALUATION** is performed as the second stage of the **CONFORMITY ASSESSMENT** process.

10.4.4 ON-SITE EVALUATION

- 1 The aim of the on-site **EVALUATION** is to determine whether the **SERVICE** is implemented as described in the documentation and complies with the normative requirements. The on-site **EVALUATION** is performed on the premises of the **SERVICE PROVIDER** on a date agreed with the organisation in advance.
- 2 The objectives of the on-site **EVALUATION** are:
 - 2.1 to confirm that the **SERVICE PROVIDER** adheres to its own policies, objectives and **PROCEDURE**
 - 2.2 to confirm that the implemented **SERVICE** conforms to the applicable normative requirements of the **CERTIFICATION SCHEME** supported by applicable **EVALUATION** criteria and abide by the applicable **SERVICE PROVIDER**'s policies, objectives and **PROCEDURE**
 - 2.3 to do this, the **EVALUATION** will focus on collecting evidence of the **SERVICE** with respect to the following:
 - 2.4 implementation of **SERVICE** requirements
 - 2.5 service-related organisational processes and **PROCEDURES**
 - 2.6 service-related technical processes and **PROCEDURES**
 - 2.7 implemented information security measures for the **SERVICE**, including IT network protection
 - 2.8 service-related products (trustworthy systems), such as cryptographic modules
 - 2.9 physical security of the relevant **SERVICE PROVIDER** sites
- 3 The on-site **EVALUATION** includes the **EVALUATION** of the organisational, structural and technical implementation of the measures described in the documentation for fulfilling the applicable normative requirements.

- 4 To this end, **AUDITORS** gather evidence by document review, observation and interview. The **SERVICE PROVIDER**'s own declarations or test results for which no proof exists that they have been performed according to the requirements of the **CERTIFICATION SCHEME** may not be used as evidence.
- 5 To the extent available, **EVALUATIONS** of other appropriate independent bodies regarding individual components of the **SERVICE** to be evaluated **MAY** be used. For instance, it is not necessary that **AUDITORS** perform their own **EVALUATIONS** of technical components. They may use test reports and certificates of other independent bodies for their own **EVALUATION**. The responsible certifier and the **AUDITOR SHALL** agree upon the reuse extent, ensuring that reused results are applicable for the certification of the compliance of the provider against the normative requirements.
- 6 Where all or part of the **SERVICE** delivery is contracted or outsourced, the **CONFORMITY ASSESSMENT BODY SHALL** ensure that the overall quality and security of the **SERVICE** being evaluated is not prejudiced by any insecurities in these external **SERVICE** elements. This **MAY** include an **EVALUATION** of the external provider if the **CONFORMITY ASSESSMENT BODY** deems it necessary.

10.4.5 EVALUATION CRITERIA

- 1 The **EVALUATION** of the **SERVICE PROVIDER** and the **SERVICE** it provides **SHALL** take the form of an **EVALUATION** carried out against defined criteria that:
 - 1.1 take into account specificities of the type of **SERVICE** to be assessed
 - 1.2 ensure that all aspects of the **SERVICE PROVIDER** activity are fully covered
 - 1.3 are based on standards, publicly available specifications or regulatory requirements, and
 - 1.4 comply with the requirements specified by the **CERTIFICATION SCHEMES**.

- 2 The detailed controls and processes **SHALL** be specified in work plans. These also indicate the recommended determination activity for each of the controls/processes.

10.4.6 EVALUATION

- 1 For each of the determination activity types, we define rules to allow the **AUDITOR** to determine whether a control can be considered effective or ineffective (i.e. a finding).

10.4.7 INTERVIEW

- 1 A control that is covered through an interview should be considered effective if the interview provides sufficient evidence that the control is in place and performed according to the definition of the control requirements through a detailed description, such as (if applicable): a walk-through of how the control is performed; who performed the control; and a description of the process in which the control is present.
- 2 A control that is covered through an interview should be considered ineffective if the interview is not able to provide evidence that the control is in place or that it is performed according to the definition of the control or its requirements.

10.4.8 REVIEW OF DOCUMENTATION AND RECORDS

- 1 A control that is covered through a review of documentation or records should be considered effective if the review provides sufficient evidence that the control is in place and performed according to the definition of the control requirements through a detailed description, such as (if applicable): a detailed explanation of the control or the process in which the control is present or evidence that a control was performed (e.g. based on logs or audit records).
- 2 A control that is covered through a review of documentation should be considered ineffective if the review is not able to provide evidence that the

control is in place or that it is performed according to the definition of the control or its requirements.

10.4.9 OBSERVATION OF PROCESSES AND ACTIVITIES

- 1 A control that is covered through observation of processes and activities should be considered effective if the observation (of the **AUDITOR**) provides sufficient evidence that the control is in place and performed according to the definition of the control requirements through a detailed description, such as (if applicable): an observation that a control is performed (e.g. through on-site observation) within a process.
- 2 A control that is covered through observation of processes and activities should be considered ineffective if, during observation, there is insufficient evidence that the control is in place or that it is performed according to the definition of the control or its requirements.

10.4.10 SAMPLING METHODOLOGY

- 1 Where it is appropriate for the **EVALUATION** to include sampling, then the sampling methodology should:
 - 1.1 Be representative of the requirements that are to be fulfilled;
 - 1.2 Use the intended **SERVICE** delivery process;
 - 1.3 Consider all relevant functions, processes and sites (physical or virtual) of the **SERVICE PROVIDER** that impact on fulfilment of requirements;
 - 1.4 Consider all outsourced activities that have an impact on the **SERVICE** delivery.

10.4.11 MULTI-SITE SAMPLING

- 1 Where the organisation has a number of sites where the **SERVICE** is delivered to customers in-person, the team will consider using a sample-

based approach to a multiple-site **EVALUATION** based on the following requirements:

- 1.1 security for all applicable site is administered under control of the **SERVICE PROVIDER**'s security policy administrations, and
- 1.2 all applicable sites are subject to the **SERVICE PROVIDER**'s security management review program.

2 The following **SHALL** be considered during sampling of sites:

- 2.1 type of different sites as per application review form and in the Service Description
- 2.2 a representative number of sites to be sampled, taking into account the following:
 - 2.2.1 the results of internal audits of the central site and the other sites
 - 2.2.2 the results of management review
 - 2.2.3 variations in the size of the sites
 - 2.2.4 variations in the business purpose of the sites (including number of **ROLES** undertaken at the site)
 - 2.2.5 complexity of the **SERVICE** (including level of confidence of resulting digital identity profile)
 - 2.2.6 complexity of the information systems at the different sites
 - 2.2.7 variations in working practices
 - 2.2.8 variations in activities undertaken
 - 2.2.9 potential interaction with critical information systems or information systems processing sensitive information
 - 2.2.10 whether the site is operated by a subcontractor or other external organisation (including where this is

as a result of all or part of the **SERVICE** delivery being contracted or outsourced)

2.2.11 any differing regulatory requirements

- 3 The sample should be partly selective based on the above points and partly nonselective and result in a range of different sites being selected without excluding the random element of site selection.
- 4 Every site of the organisation subject to significant threats to assets, vulnerabilities or impacts should be included in the sampling program.
- 5 For the initial certification **EVALUATION**, the final sample size should be at least the square root of the total number of sites plus one. Subsequently, the **SERVICE PROVIDER SHALL** inform the **CONFORMITY ASSESSMENT BODY** of the percentage of in-person service delivery instances conducted at each of the sites and the busiest 25% **SHALL** be included in the sample together with a further 25% of sites randomly selected.
- 6 **SURVEILLANCE** programs **SHALL** be designed in the light of the above requirements and **SHALL**, within a reasonable time, cover all site operations, unless it can be demonstrated this does not impact the results of the **EVALUATION**.
- 7 Where nonconformity is being observed, either at the main operational site or at a single site, the corrective action procedure **SHALL** apply to the main operational site and to all sites of the operations that may be impacted by the same nonconformity.
- 8 The **EVALUATION SHALL** address the **SERVICE PROVIDER**'s main site activities to make certain that central security administration is applied to all sites at the operational level.
- 9 A justification memo or equivalent document **SHALL** be used to justify the number of sites being sampled in the **EVALUATION**.

10.4.12 EVALUATION TIME

- 1 The **CONFORMITY ASSESSMENT BODY SHALL** allow **AUDITORS** sufficient time to undertake all activities relating to an initial certification, surveillance and re-certification. The time allocated shall consider the following factors:
 - 1.1 the size of the **SERVICE PROVIDER**'s operation used to deliver the **SERVICE** (e.g. number of information systems used, number of employees, number of activities performed);
 - 1.2 complexity of the **SERVICE** in terms of **ROLES** and levels of confidence (if applicable);
 - 1.3 extent and diversity of technology utilized in the implementation of the various components of the **SERVICE**;
 - 1.4 number of sites (see above);
 - 1.5 previously demonstrated performance of the **SERVICE**;
 - 1.6 extent of outsourcing and third-party arrangements used within the scope of the **SERVICE**; and
 - 1.7 the use of/providing of **UNDERPINNING SERVICE** for **WHITE LABELLING** purposes.
- 2 The **CONFORMITY ASSESSMENT BODY SHALL** document the justification of the amount of time used in any initial certification, surveillance and re-certification.
- 3 Having reviewed the factors given above, the guidance provided in Annex A for the calculation of Evaluation Time should then be applied.

10.5 REVIEW

10.5.1 REVIEW PROCESS

- 4 The **CONFORMITY ASSESSMENT BODY SHALL** assign at least one person to review all information and results related to the **EVALUATION** (including the **CERTIFICATION FEEDBACK REPORT**). The review shall

be carried out by person(s) who have not been involved in the **EVALUATION** process.

- 5 Recommendations for a certification **DECISION** based on the review shall be documented, unless the review and the certification **DECISION** are completed concurrently by the same person.

10.6 DECISION

10.6.1 CERTIFICATION DECISION

- 1 The **CONFORMITY ASSESSMENT BODY SHALL** ensure that the persons or committees that make the certification **DECISIONS** for granting or refusing certification, expanding or reducing the scope of certification, suspending or restoring certification, withdrawing certification or renewing certification are different from those who carried out the **EVALUATIONS**. The individual(s) appointed to conduct the certification **DECISION SHALL** have appropriate competence.
- 2 The certification **DECISION** can be one of the following two categories:
 - 2.1 **certified**: the evaluated **SERVICE** fulfils the criteria and is certified as conforming, or
 - 2.2 **not certified**: the evaluated **SERVICE** is not certified as conforming.

10.6.2 CERTIFICATION DOCUMENTATION

- 1 At the end of the process, a **CONFORMITY ASSESSMENT** report called the “**CERTIFICATION FEEDBACK REPORT**” containing all of the results of the **EVALUATION** will be issued by the **CONFORMITY ASSESSMENT BODY** to the **SERVICE PROVIDER**.
- 2 In case of a positive certification **DECISION**, certification is granted or renewed and a certificate is issued and reflects the scope of the certification and a validity period of three years maximum. The contents of the certificate **SHALL** be in accordance with the requirements specified in **CERTIFICATE REQUIREMENTS – V1.2**. There will be one certificate per **SERVICE**, but the certificate can cover multiple **ROLES** and

SUPPLEMENTARY CODES, as defined in the **CERTIFICATION SCHEME**.

- 3 When a positive certification decision is reached **CONFORMITY ASSESSMENT BODY SHALL** submit the following documents to the **CERTIFICATION SCHEME OWNER**:
 - 3.1 Certificate
 - 3.2 Certification Feedback Report
- 4 The **CONFORMITY ASSESSMENT BODY SHALL** also provide the above documentation to the **CERTIFICATION SCHEME OWNER** when there is a change in scope (extension or reduction of), in addition to positive certification decision.

10.6.3 FINDINGS

- 1 The **CONFORMITY ASSESSMENT BODY** rates the findings based upon the risk they pose to the **SERVICE PROVIDER**'s organisation.
- 2 Guidance for the classification of the findings is as follows:
 - 2.1 **minor nonconformity** – a single identified gap or a concern in meeting a requirement of the standard or criteria documents in scope, which would not in itself raise significant doubt as to the capability of the **SERVICE PROVIDER** to achieve its objectives. Certification can be awarded with open non-conformities as long as the **CONFORMITY ASSESSMENT BODY** sets a reasonable timeframe for closure. Within a range of up to six weeks is considered acceptable.
 - 2.2 **major nonconformity** – an absence of, or the repeated failure to implement and maintain one or more required mandatory standard elements or criteria documents in scope, or a situation that would, on the basis of objective evidence, raise significant doubt as to the capability of the **SERVICE PROVIDER** to achieve its objectives.
- 3 Certification **SHALL** not be awarded while there are open major nonconformities. The **CONFORMITY ASSESSMENT BODY SHALL** set a timeframe of up to one month for closure. After this time the client **SHALL**

provide evidence of closure and the **CONFORMITY ASSESSMENT BODY** will check for compliance.

- 4 When findings are noted by the **CONFORMITY ASSESSMENT BODY** during a **CONFORMITY ASSESSMENT**, the **CONFORMITY ASSESSMENT BODY SHALL** follow up to make sure that the **SERVICE PROVIDER** takes the necessary measures to remediate these findings. This **MAY** be performed through a **SURVEILLANCE EVALUATION**.

10.6.4 REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES

- 1 The **CERTIFICATION SCHEME OWNER SHALL** maintain a **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES** that have been certified by **CONFORMITY ASSESSMENT BODIES** and have successfully applied to be on the register. It **SHALL** make the register publicly accessible with up-to-date information about the **SERVICE PROVIDER** and the certified **SERVICE** they provide.
- 2 In order to be on the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES** the **SERVICE PROVIDER SHALL**:
 - 2.1 have a valid certificate
 - 2.2 apply to join
 - 2.3 pay any applicable fees
- 3 The **CONFORMITY ASSESSMENT BODY SHALL** provide the certificate and associated **CERTIFICATION FEEDBACK REPORT** to the **CERTIFICATION SCHEME OWNER** to enable the **SERVICE PROVIDER** to apply to join the register. The **CERTIFICATION SCHEME OWNER SHALL** use these documents to assess whether the certificate is valid for the purposes of registration.
- 4 If the **CERTIFICATION SCHEME OWNER** accepts the certificate as valid, the **CERTIFICATION SCHEME OWNER SHALL** invite the **SERVICE PROVIDER** to submit an application to join the register.
- 5 After the **SERVICE PROVIDER** submits their application, the **CERTIFICATION SCHEME OWNER SHALL** undertake due diligence

checks to ensure the **SERVICE PROVIDER** complies with the trust framework requirements.

- 6 If the **CERTIFICATION SCHEME OWNER** is satisfied, as a result of the due diligence check, that the **SERVICE PROVIDER** has satisfied the registration requirements, the **CERTIFICATION SCHEME OWNER SHALL** add the **SERVICE PROVIDER** and its certified **SERVICES** to the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES**.

10.6.4.1 REMOVAL FROM THE REGISTER

- 1 To be listed on the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES**, all of the following requirements are required to be fulfilled:
 - 1.1 a **SERVICE PROVIDER** holds a valid certificate for the **SERVICE** it wants to register
 - 1.2 the **CONFORMITY ASSESSMENT BODY** that evaluated the **SERVICE** has provided the certificate for that **SERVICE** to the **CERTIFICATION SCHEME OWNER**
 - 1.3 the **CERTIFICATION SCHEME OWNER** has validated that the certificate conforms to the requirements of the **CERTIFICATION SCHEME**
 - 1.4 **CERTIFICATION SCHEME OWNER** has completed a ‘due diligence’ check on the **SERVICE PROVIDER**
 - 1.5 the **SERVICE PROVIDER** has paid any applicable fees
- 2 If any of the above requirements have not been fulfilled, the **CERTIFICATION SCHEME OWNER** will not list a **SERVICE PROVIDER** and its **SERVICE** on the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES**.
- 3 If a **SERVICE** is already listed on the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES**, and the expiry date on its original certificate has passed; even if it has recently been re-certified, the **CERTIFICATION SCHEME OWNER SHALL** temporarily remove a

SERVICE PROVIDER and its **SERVICE** from the list until all of the above requirements have been fulfilled.

- 4 In order to ensure it maintains a continuous certification and presence on the list, a **SERVICE PROVIDER SHOULD** engage its **CONFORMITY ASSESSMENT BODY** well in advance of its certificate expiry date.
- 5 In the event of recertification, the **CONFORMITY ASSESSMENT BODY SHOULD** provide a new certificate and **CERTIFICATION FEEDBACK REPORT** for the certified **SERVICE** to the **CERTIFICATION SCHEME OWNER** at least 30 days in advance of the previous certificate's expiry date to enable continuous registration.
- 6 Up to 60 days of remaining time on the previous certificate **MAY** be rolled over to a new certificate, following a full **EVALUATION** of a **SERVICE**, to support continuous certification and registration. This ensures a **SERVICE PROVIDER** does not 'lose' time on their expiring certificate unnecessarily.
- 7 A **SERVICE PROVIDER** that is not listed on the **REGISTER OF DIGITAL IDENTITY AND ATTRIBUTE SERVICES SHALL NOT** claim to be registered, and a **SERVICE PROVIDER** that does not have a valid certificate must not claim to be certified against the trust framework.

10.6.5 ISSUED, SUSPENDED AND WITHDRAWN CERTIFICATIONS

- 1 The **CERTIFICATION SCHEME OWNER** requires **CONFORMITY ASSESSMENT BODIES** to provide information of issued, suspended and withdrawn certifications. **CONFORMITY ASSESSMENT BODIES** will provide this information to the **CERTIFICATION SCHEME OWNER**.
- 2 For issued certifications – **CONFORMITY ASSESSMENT BODIES SHALL** provide this information within 48 hours of certification being granted.
- 3 For suspended and withdrawn certificates – **CONFORMITY ASSESSMENT BODIES SHALL** provide this information, and reasoning for suspension or withdrawal to the **CERTIFICATION SCHEME OWNER** within 24 hours. This is so that the **CERTIFICATION SCHEME OWNER** can amend its records, and update the list of certified **SERVICES** as well as other relevant sources in order to avoid any confusion in the market.

10.7 CHANGES AFFECTING CERTIFICATION

- 1 There are instances in which certain changes **CAN** impact the certification of the **SERVICE**, such as when the **CERTIFICATION SCHEME** introduces new or revised requirements that affect the **SERVICE PROVIDER**, the **CONFORMITY ASSESSMENT BODY SHALL** make certain these changes are communicated to all **SERVICE PROVIDERS**. The **CONFORMITY ASSESSMENT BODY SHALL** verify the implementation of the changes by the **SERVICE PROVIDER** and will take action required by the **CERTIFICATION SCHEME**.
- 2 When the changes affecting certification are initiated by the **SERVICE PROVIDER**, due to changes in for example documentation (policies, objectives etc.) or security-relevant changes, it is the responsibility of the **SERVICE PROVIDER** to provide notification of the change, as agreed to within the certification agreement. The **SERVICE PROVIDER SHALL** notify their **CONFORMITY ASSESSMENT BODY** within 48 hours of those changes happening as noted in the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK**. Based on the nature of the changes the **CONFORMITY ASSESSMENT BODY SHALL** agree with the **SERVICE PROVIDER** whether a surveillance activity or recertification is necessary and on timelines for either.
- 3 The **SERVICE PROVIDER SHALL** also notify their **CONFORMITY ASSESSMENT BODY** if there are any changes in connection with white labelling, if relevant; for example, where the service provider is operating a **WHITE-LABEL SERVICE** and is informed that there has been a certification-related change to the **UNDERPINNING SERVICE**.
- 4 An **EVALUATION** activity of the **SERVICE SHALL** be performed under the following circumstances:
 - 4.1 whenever there are major changes to the scope
 - 4.2 whenever there are major changes to the **SERVICE** provided under the scope
 - 4.3 when there are major changes of IT systems or business processes used by the **SERVICE PROVIDER**, or

- 4.4 when a major part of the **SERVICE** moves to another location.
- 5 Appropriate actions will be taken to implement changes affecting the certification in accordance with the defined processes.

10.8 CONDITIONS ON EXPIRATION, SUSPENDING, WITHDRAWING OR REDUCING SCOPE OF CERTIFICATION

- 1 The **CONFORMITY ASSESSMENT BODY** will suspend certification in cases when, for example:
 - 1.1 the certified **SERVICE** has persistently or seriously failed to meet certification requirements, including requirements for the effectiveness of the management system, which is indicated in the report following a surveillance **EVALUATION** or recertification **EVALUATION**
 - 1.2 the **SERVICE PROVIDER** does not allow surveillance or recertification **EVALUATIONS** to be conducted at the required frequencies, or
 - 1.3 the **SERVICE PROVIDER** has voluntarily requested a suspension.

10.9 TRANSFER OF CERTIFICATIONS

- 1 The following is based on IAF MD2 which is for Management System certificates but pertinent elements have been used here. Attribution is given.
- 2 This section provides normative criteria on the transfer of **SERVICE** certification between **APPROVED CONFORMITY ASSESSMENT BODIES**. The criteria may also be applicable in the case of acquisitions of **CONFORMITY ASSESSMENT BODIES APPROVED** by the **CERTIFICATION SCHEME OWNER**.
- 3 The objective of the transfer guidance is to assure the maintenance of the integrity of **SERVICE** certification issued by one **APPROVED CONFORMITY ASSESSMENT BODY** if subsequently transferred to another such body.

4 This section provides minimum criteria for the transfer of certification. **CONFORMITY ASSESSMENT BODIES** may implement procedures or actions which are more stringent than those contained herein provided that a client **SERVICE PROVIDER** 's freedom to choose a **CONFORMITY ASSESSMENT BODY** is not unduly or unfairly constrained.

10.9.1 TRANSFER OF CERTIFICATION DEFINITION

1 The transfer of certification (as defined in the IAF MD2 document) is the recognition of an existing and valid **SERVICE** certification, granted by one **APPROVED CONFORMITY ASSESSMENT BODY**, (hereinafter referred to as the “Issuing **CONFORMITY ASSESSMENT BODY**”), by another **APPROVED CONFORMITY ASSESSMENT BODY**, (hereinafter referred to as the “Accepting **CONFORMITY ASSESSMENT BODY**”) for the purpose of issuing its own certification. Multiple certification (concurrent certification by more than one **CONFORMITY ASSESSMENT BODY**) does not fall under the definition above.

10.9.2 ELIGIBILITY OF A CERTIFICATION FOR TRANSFER

1 The **CERTIFICATION SCHEME** will allow for transfer of certificates with the following conditions:

- 1.1 Minimum disruption to the **SERVICE PROVIDER** for whom the transfer needs to be made
- 1.2 When a request is made to transfer by a **SERVICE PROVIDER** any **CONFORMITY ASSESSMENT BODY** approached by that **SERVICE PROVIDER** should ensure that the transfer request is not being made to avoid payment to the original **CONFORMITY ASSESSMENT BODY**, or because the **SERVICE PROVIDER** is attempting to avoid closing non-conformities or any other behaviour that could be considered underhand.
- 1.3 In the case where a **CONFORMITY ASSESSMENT BODY** is ceasing to trade or no longer wishes to partake in the **CERTIFICATION SCHEME** it will inform each client of its

intention and the need to transfer. The **CONFORMITY ASSESSMENT BODY** will share the list of **APPROVED CONFORMITY ASSESSMENT BODIES** that can be approached but will not do this in such a way that promotes one **CONFORMITY ASSESSMENT BODY** over another.

- 1.4 The **CONFORMITY ASSESSMENT BODY** will make clear that there is a transfer time.
- 1.5 In the case where a **CONFORMITY ASSESSMENT BODY** is ceasing to trade or no longer wishes to partake in the **CERTIFICATION SCHEME** it will no longer accept new certifications and will communicate this clearly to prospective clients.
- 2 Only certification which is issued by an **APPROVED CONFORMITY ASSESSMENT BODY SHALL** be eligible for transfer. Organisations holding certification that is not issued by an approved **CONFORMITY ASSESSMENT BODY SHALL** be treated as new clients.
- 3 Only valid certification **SHALL** be transferred. Certification which is known to be suspended **SHALL NOT** be accepted for transfer.
- 4 In cases where certification has been granted by a **CONFORMITY ASSESSMENT BODY** which has ceased trading or which has been removed from the list of **APPROVED CONFORMITY ASSESSMENT BODIES**, the transfer **SHALL** be completed within 180 days or on expiration of the certification whichever is sooner. In such cases, the Accepting **CONFORMITY ASSESSMENT BODY SHALL** inform the **CERTIFICATION SCHEME OWNER** and UKAS, prior to the transfer.

10.9.3 PRE-TRANSFER REVIEW

- 1 The Accepting **CONFORMITY ASSESSMENT BODY SHALL** have a process for obtaining sufficient information in order to take a **DECISION** on certification and inform the transferring **SERVICE PROVIDER** of the process. This information shall as a minimum include arrangements regarding the certification cycle.

2 The Accepting **CONFORMITY ASSESSMENT BODY SHALL** carry out a review of the certification of the transferring **SERVICE PROVIDER**. This review **SHALL** be conducted by means of a documentation review and where identified as needed by this review, for example there are outstanding major nonconformities, shall include a pre-transfer visit to the transferring **SERVICE PROVIDER** to confirm the validity of the certification.

Note: The pre-transfer visit is not an **EVALUATION**.

3 The Accepting **CONFORMITY ASSESSMENT BODY SHALL** determine the competence criteria for personnel involved in pre-transfer review. The review **MAY** be conducted by one or more persons. The individual or group conducting the pre-transfer visit **SHALL** have the same competence that is required for an audit team appropriate for the scope of certification being reviewed.

4 The review **SHALL** cover the following aspects as a minimum and the review and its findings **SHALL** be fully documented:

- 4.1 confirmation that the **SERVICE**'s certification falls within the approved scope of the Issuing and Accepting **CONFORMITY ASSESSMENT BODIES**;
- 4.2 the reasons for seeking a transfer;
- 4.3 that the site or sites wishing to transfer certification hold a valid certification;
- 4.4 the initial certification or most recent recertification **EVALUATION** reports, and the latest surveillance report; the status of all outstanding nonconformities that may arise from them and any other available, relevant documentation regarding the certification process. If these **EVALUATION** reports are not made available or if the surveillance **EVALUATION** or recertification **EVALUATION** has not been completed as required by the Issuing **CONFORMITY ASSESSMENT BODY**'s **EVALUATION** programme, then the organisation **SHALL** be treated as a new client;
- 4.5 complaints received and action taken;

- 4.6 considerations relevant to establishing an **EVALUATION** plan and an **EVALUATION** programme. The **EVALUATION** programme established by the Issuing **CONFORMITY ASSESSMENT BODY SHOULD** be reviewed if available; and
- 4.7 any current engagement by the transferring **SERVICE PROVIDER** with regulatory bodies relevant to the scope of the certification in respect of legal compliance.

10.9.4 TRANSFER OF CERTIFICATION

- 1 The Accepting **CONFORMITY ASSESSMENT BODY SHALL NOT** issue certification to the transferring **SERVICE PROVIDER** until:
 - 1.1 it has verified the implementation of corrections and corrective actions in respect of all outstanding major nonconformities; and
 - 1.2 it has accepted the transferring **SERVICE PROVIDER**'s plans for correction and corrective action for all outstanding minor nonconformities.
- 2 Where the pre-transfer review (document review and/or pre-transfer visit) identifies issues that prevent the completion of transfer, the Accepting **CONFORMITY ASSESSMENT BODY SHALL** treat the transferring **SERVICE PROVIDER** as a new client.
- 3 The justification for this action **SHALL** be explained to the transferring **SERVICE PROVIDER** and **SHALL** be documented by the accepting **CONFORMITY ASSESSMENT BODY** and the records maintained.
- 4 If no problems are identified by the pre-transfer review, the certification cycle **SHALL** be based on the previous certification cycle and the Accepting **CONFORMITY ASSESSMENT BODY SHALL** establish the **EVALUATION** programme for the remainder of the certification cycle.
- 5 The certification cycle for certification is three (3) years with surveillance **EVALUATIONS** performed annually.
- 6 **NOTE:** Certificates issued under the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK BETA (0.3)** currently have a two (2)

year validity. These only **SHALL** be changed to three (3) year certificates following recertification.

- 7 **NOTE:** The Accepting **CONFORMITY ASSESSMENT BODY CAN** quote the **SERVICE**'s initial certification date on the certification documents with the indication that the **SERVICE** was certified by a different **CONFORMITY ASSESSMENT BODY** before a certain date. Where the Accepting **CONFORMITY ASSESSMENT BODY** has had to treat the **SERVICE PROVIDER** as a new client as a result of the pre-transfer review, the certification cycle **SHALL** begin with the certification **DECISION**.
- 8 The Accepting **CONFORMITY ASSESSMENT BODY SHALL** take the **DECISION** on certification before any surveillance or recertification **EVALUATIONS** are initiated.

10.9.5 COOPERATION BETWEEN THE ISSUING AND ACCEPTING CONFORMITY ASSESSMENT BODIES

- 1 The cooperation between the Issuing and Accepting **CONFORMITY ASSESSMENT BODIES** is essential for the effective process for transfer and the integrity of certification. When requested, the Issuing **CONFORMITY ASSESSMENT BODY SHALL** provide to the Accepting **CONFORMITY ASSESSMENT BODY** all the documents and information required by this process. Where it has not been possible to communicate with the Issuing **CONFORMITY ASSESSMENT BODY**, the Accepting **CONFORMITY ASSESSMENT BODY SHALL** record the reasons and make every effort to obtain necessary information from other sources.
- 2 The transferring **SERVICE PROVIDER SHALL** authorise that the Issuing **CONFORMITY ASSESSMENT BODY** provides the information sought by the Accepting **CONFORMITY ASSESSMENT BODY**. The Issuing **CONFORMITY ASSESSMENT BODY SHALL NOT** suspend or withdraw the **SERVICE**'s certification following the notification that the **SERVICE PROVIDER** is transferring to the Accepting **CONFORMITY ASSESSMENT BODY** if the **SERVICE PROVIDER** continues to satisfy the requirements of certification.

- 3 The Accepting **CONFORMITY ASSESSMENT BODY** and/or the transferring **SERVICE PROVIDER SHALL** contact the **CERTIFICATION SCHEME OWNER** and UKAS when:
 - 3.1 the requested information to the Accepting **CONFORMITY ASSESSMENT BODY** has not been provided
 - 3.2 or the Issuing **CONFORMITY ASSESSMENT BODY** suspends or withdraws the transferring **SERVICE PROVIDER**'s certification without cause
- 4 Where the Issuing **CONFORMITY ASSESSMENT BODY** does not cooperate with the Accepting **CONFORMITY ASSESSMENT BODY** or suspends or withdraws the transferring **SERVICE PROVIDER**'s certification without cause, then the UKAS process for addressing the situation, including the suspension or withdrawal of the accreditation, **SHALL** be followed.
- 5 Once the Accepting **CONFORMITY ASSESSMENT BODY** has issued the certification it **SHALL** inform the Issuing **CONFORMITY ASSESSMENT BODY** via email. It **SHALL** also inform the **SERVICE PROVIDER** and the **CERTIFICATION SCHEME OWNER**.
- 6 The Accepting **CONFORMITY ASSESSMENT BODY** **SHALL** produce the certificate in line with the certificate requirements as specified by the **CERTIFICATION SCHEME OWNER**.

10.10 ATTESTATION

10.10.1 PUBLICATION OF CERTIFICATES

- 1 A **CONFORMITY ASSESSMENT BODY** **SHALL** maintain an accessible public register of **SERVICES** it has certified.
- 2 The **SERVICE PROVIDER** is entitled to use the certificate in connection with the certified **SERVICE** in publications, catalogues, etc in compliance with the certification conditions. In case of an incorrect reference or misleading use by the **SERVICE PROVIDER**, then the **CERTIFICATION SCHEME OWNER** and/or the relevant **CONFORMITY ASSESSMENT BODY** are entitled to withdraw the certificate.

- 3 Regularly monitoring the compliance of the **SERVICE PROVIDER**'s use of the certificates with the applicable terms and conditions is performed by the **CONFORMITY ASSESSMENT BODY**.

10.11 COMPLAINTS AND APPEALS

- 1 The complaints and appeals procedures for certification **DECISIONS SHALL** be publicly available on the **CONFORMITY ASSESSMENT BODY**'s website.
- 2 If a complaint relates to the activities of a UKAS accredited **CONFORMITY ASSESSMENT BODY** or a **SERVICE PROVIDER**, in the first instance the complaint should be addressed to them i.e. the UKAS accredited **CONFORMITY ASSESSMENT BODY** or the **SERVICE PROVIDER**. UKAS will only consider complaints where you have given the **CONFORMITY ASSESSMENT BODY** or **SERVICE PROVIDER** the opportunity to investigate and respond in accordance with their respective complaint processes. In situations where you can find no resolution with the **CONFORMITY ASSESSMENT BODY** or **SERVICE PROVIDER** you can then make a written complaint to UKAS who will go through a structured process.

10.12 SURVEILLANCE

- 1 **SURVEILLANCE** activities **SHOULD** be performed annually and a minimum of two surveillance **EVALUATIONS SHALL** be performed between certification and recertification. **SURVEILLANCE** activities **SHALL** take place +/- 30 days of the anniversary of the initial certification.
- 2 **SURVEILLANCE** activities **MAY** take place outside of this window if there is change to the **SERVICE** being offered or if requested by the **CERTIFICATION SCHEME OWNER**, or a **CONFORMITY ASSESSMENT BODY**, so long as the period between **EVALUATIONS** is not greater than 15 months. This exception to the ordinary process **SHALL** be approved by the **CERTIFICATION SCHEME OWNER**. The **CONFORMITY ASSESSMENT BODY** **SHALL** maintain records justifying extension

period as well as **CERTIFICATION SCHEME OWNER**'s decision in relation to that request.

- 3 **SURVEILLANCE EVALUATIONS SHALL** be performed in accordance with the surveillance activities defined by ISO/IEC 17067 scheme type 6, through document review, observation and interviews. The sample is to be designed such that all changes and modifications that have been implemented since the time of the last **EVALUATION** are covered.
- 4 The activities to be performed during the different types of **EVALUATIONS** and assessments are detailed in the applicable **EVALUATION** plans.

10.13 RECERTIFICATION

- 1 It is recommended that a recertification **EVALUATION** be planned and conducted in due time before the certificate expiry date such that if any major nonconformity is found then there is time for the necessary correction and corrective actions to be implemented and verified prior to the expiration of the certification. In accordance with the requirement given under the relevant part of the **9.6.3. FINDINGS** of this document, at most one month **SHOULD** be allowed for the correction.
- 2 When recertification activities are successfully completed prior to the expiry date of the existing certification, the expiry date of the new certification can be based on the expiry date of the existing certification. The issue date on a new certificate **SHALL** be on or after the recertification **DECISION**.
- 3 A maximum of 60 days of remaining time on an existing certificate **MAY** be rolled over to a new certificate.
- 4 If the **CONFORMITY ASSESSMENT BODY** has not completed the recertification or is unable to verify the implementation of corrections and corrective actions for any major nonconformity prior to the expiry date of the certification, then recertification **SHALL NOT** be recommended and the validity of the certification **SHALL NOT** be extended. The **SERVICE PROVIDER SHALL** be informed and the consequences **SHALL** be explained.

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- 5 Following expiration of certification, the **CONFORMITY ASSESSMENT BODY CAN** restore certification within 6 months provided that the outstanding recertification activities are completed, otherwise at least on-site **EVALUATION SHALL** be conducted. The effective date on the certificate **SHALL** be on or after the recertification **DECISION** and the expiry date **SHALL** be based on prior certification cycle.

11 WHITE LABELLING

- 1 **WHITE LABEL SERVICES** are **CERTIFIED** products, services or processes that are produced by a **FIRST-PARTY SERVICE PROVIDER** for a **SECOND-PARTY** and intentionally rebranded, giving users of the **SERVICE** the appearance that the **SECOND-PARTY** created them. The **WHITE LABEL SERVICE** is operated by the **FIRST-PARTY SERVICE PROVIDER**, in whole or in part, with the relationship between both parties being controlled by means of a contract or another legally-binding mechanism.
- 2 If a user, when interacting with a service is visibly and obviously passed to a different organisation's service as part of a wider journey – such that the user is initially interacting with Company A and they are aware that they are temporarily interacting with Company B – then this is not an example of **WHITE LABELLING** under this **CERTIFICATION SCHEME**. **WHITE LABELLING** is done intentionally to make Company B invisible to the end user.
- 3 As the focus of **WHITE LABELLING** is related to user experience **WHITE LABELLING** does not apply to the **ORCHESTRATION SERVICE PROVIDER** role. It also does not apply to the role of **COMPONENT SERVICE PROVIDER** as this role is part of normal supply chain processes.
- 4 If a **SERVICE PROVIDER** wants one of its **CERTIFIED SERVICES** to become an **UNDERPINNING SERVICE**, then its **CONFORMITY ASSESSMENT BODY SHALL** evaluate the **SERVICE PROVIDER** to ensure that it has appropriate controls in place to manage the relationship between it and any **SECOND-PARTY** that relies upon the **UNDERPINNING SERVICE** through a **WHITE LABEL SERVICE**.
- 5 Digital identity and attribute services rely on complex supply chains to operate. The evaluation of a supply chain **SHALL** be considered by **CONFORMITY ASSESSMENT BODIES** in addition to consideration of **WHITE LABELLING**.

11.1 TYPES OF WHITE LABELLING

1 There are two approaches to **WHITE LABELLING** that **MAY** be certified under the UK digital identity and attributes **CERTIFICATION SCHEME**:

1.1 **FIRST-PARTY WHITE LABELLING**

1.2 **SECOND-PARTY WHITE LABELLING**

2 A **SERVICE PROVIDER SHALL** apply to its **CONFORMITY ASSESSMENT BODY** for an extension of scope before its service may become an **UNDERPINNING SERVICE** of either type.

11.1.1 **FIRST-PARTY WHITE LABELLING**

1 A product, service or process **SHALL** be considered as a **FIRST-PARTY WHITE LABEL SERVICE** if all of the following conditions apply:

- 1.1 the product, service or process operated directly by the organisation seeking certification; i.e. the **FIRST-PARTY SERVICE PROVIDER**
- 1.2 the product, service or process primarily and prominently displays the branding of a **SECOND-PARTY** to give the appearance that the product was produced and is operated by the **SECOND-PARTY**
- 1.3 the **FIRST-PARTY SERVICE PROVIDER** applies for certification of that **WHITE LABEL SERVICE**

11.1.2 **SECOND-PARTY WHITE LABELLING**

1 A product, service or process **SHALL** be considered as a **SECOND-PARTY WHITE LABEL SERVICE** if all of the following conditions apply:

- 1.1 the **UNDERPINNING SERVICE** is **not** produced directly by the organisation seeking certification; i.e. it is a **SECOND-PARTY** relying on a **CERTIFIED UNDERPINNING SERVICE** as part of its supply chain

- 1.2 the product, service or process primarily and prominently displays the branding of the **SECOND-PARTY**
- 1.3 the **SECOND-PARTY** applies for certification of that **WHITE LABEL SERVICE** itself, and not the **FIRST-PARTY SERVICE PROVIDER** that built or is operating the **UNDERPINNING SERVICE**

11.1.3 OTHER APPROACHES

- 1 No other approaches to **WHITE LABELLING** are permitted under the **CERTIFICATION SCHEME**, however, **CO-BRANDING** is permitted under this scheme. Refer to Section 12.

11.2 LIABILITY FOR WHITE LABEL SERVICES

- 1 Regardless of the approach to **WHITE LABELLING** adopted between the two parties, the organisation that holds the **CERTIFICATE** for a **SERVICE** **SHALL** be considered liable for implementing the trust framework rules, unless liability is transferred to another party through an appropriate legally-enforceable mechanism; such as a contract.

11.3 EVALUATION APPROACH

11.3.1 CONTRACTS UNDERPINNING WHITE LABEL SERVICES

- 1 **WHITE LABEL SERVICES** rely upon contractual and legal arrangements between the **FIRST-PARTY** that builds and operates the **UNDERPINNING SERVICE** and the **SECOND-PARTY** that has its brand applied to the **SERVICE**.
- 2 **CONFORMITY ASSESSMENT BODIES SHALL** assess the contractual and legal relationship between **FIRST-PARTIES** and **SECOND-PARTIES** to ensure that they attribute responsibility, accountability and liability to one or both parties for implementing the requirements of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK CERTIFICATION SCHEME**. The contract or other legal arrangements **SHOULD** cover all

aspects of the trust framework and **SHALL NOT** conflict with the requirements of the trust framework or **CERTIFICATION SCHEME** in any way.

11.3.2 EVALUATION OF SERVICE PROVIDERS THAT OPERATE UNDERPINNING SERVICES FOR WHITE LABELLING

- 1 In order to conform to the requirements of the UK digital identity and attributes trust framework, **SERVICE PROVIDERS** that operate **UNDERPINNING SERVICE** for the purposes of **WHITE LABELLING** **SHALL** be evaluated to ensure that:
 - 1.1 the **SERVICE PROVIDER** is not misrepresenting the **CERTIFIED, REGISTERED** or **TRUST MARKED** status of any **SERVICE** it operates as a **FIRST-PARTY WHITE LABEL SERVICE**, and
 - 1.2 the **SERVICE PROVIDER** has effective processes and procedures in place to ensure that any **SECOND-PARTY** does not misrepresent the **CERTIFIED, REGISTERED** or **TRUST MARKED** status of their rebranded **SERVICE(S)**
- 2 The **SERVICE PROVIDER CAN** demonstrate conformity through documentation including policies and contracts with **SECOND-PARTIES**. The **SERVICE PROVIDER CAN** also demonstrate conformity by showing evidence of where it has directly acted to prevent misrepresentation of **CERTIFIED, REGISTERED** or **TRUST MARKED** status by a **SECOND-PARTY** it is contracted with.
- 3 **CONFORMITY ASSESSMENT BODIES SHALL** rely on the methodology in **Annex B** to sample the documentation and activities of **SERVICE PROVIDERS** in relation to **WHITE LABELLING**.
- 4 **CONFORMITY ASSESSMENT BODIES SHALL** consider any misrepresentation of **CERTIFIED, REGISTERED** or **TRUST MARKED** status as a non-conformity under the **CERTIFICATION SCHEME**. The **CONFORMITY ASSESSMENT BODY SHALL** decide whether such misrepresentation is a major or minor non-conformity, and timelines for remediation, in line with the wider requirements of the scheme.

5 A non-conformity **CAN** result in loss of **CERTIFIED**, **REGISTERED** and **TRUST MARKED** status for the **UNDERPINNING SERVICE** and any **WHITE LABEL SERVICE** that relies on the **CERTIFIED** status of it.

11.3.3 EVALUATION OF WHITE LABEL SERVICES

1 **WHITE LABEL SERVICES CERTIFIED** under this **CERTIFICATION SCHEME** rely upon the original **UNDERPINNING SERVICE** maintaining its **CERTIFIED** status.

2 **CONFORMITY ASSESSMENT BODIES SHALL** evaluate whether an organisation seeking certification for its **FIRST-PARTY** or **SECOND-PARTY WHITE LABEL SERVICE** has processes, procedures and arrangements in place to monitor the ongoing **CERTIFIED** status of any **UNDERPINNING SERVICE**.

3 For organisations seeking certification for **SECOND-PARTY WHITE LABEL SERVICES, CONFORMITY ASSESSMENT BODIES SHALL** follow the below rules:

- 3.1 Any organisation seeking to provide a **CERTIFIED SERVICE** that is a **WHITE LABEL SERVICE SHALL** apply to a **CONFORMITY ASSESSMENT BODY** as if it was any other **SERVICE** seeking certification;
- 3.2 If the **SERVICE** being **WHITE-LABELLED** is for an **IDENTITY SERVICE PROVIDER** role then Sections 5 & 10 plus Part 3 of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK 0.4** are applicable as appropriate to the **SERVICE** being offered;
- 3.3 If the **SERVICE** being **WHITE-LABELLED** is for an **ATTRIBUTE SERVICE PROVIDER** role then Sections 6 & 10 plus Part 3 of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK 0.4** are applicable as appropriate to the **SERVICE** being offered;
- 3.4 If the **SERVICE** being **WHITE-LABELLED** is for a **HOLDER SERVICE PROVIDER** role then Sections 7 & 10 plus Part 3 of the **UK DIGITAL IDENTITY AND ATTRIBUTES TRUST**

FRAMEWORK 0.4 are applicable as appropriate to the **SERVICE** being offered;

- 3.5 Where the **SERVICE PROVIDER** for the new **WHITE LABEL SERVICE** asserts that any of the requirements are not appropriate, they **SHALL** state this to the **CONFORMITY ASSESSMENT BODY** along with their reasoning; it is then up to the **CONFORMITY ASSESSMENT BODY** to decide whether the reason(s) are valid and evaluate accordingly; and
- 3.6 Provided the **EVALUATION** concludes that the new **SERVICE** complies with all appropriate requirements then the normal certification process **SHALL** be followed.

11.4 SURVEILLANCE OF WHITE LABEL SERVICES

- 1 **CONFORMITY ASSESSMENT BODIES SHALL** monitor the **CERTIFIED** status of **UNDERPINNING SERVICES**, to ensure that **WHITE LABEL SERVICES** remain legitimately certified under the **CERTIFICATION SCHEME**.
- 2 In addition to the ordinary **SURVEILLANCE** requirements and timetable, **CONFORMITY ASSESSMENT BODIES SHALL** confirm that an **UNDERPINNING CERTIFICATE** supporting the **WHITE LABEL SERVICE** remains in place on or around the anniversary date for the **CERTIFICATE** applicable to the **WHITE LABEL SERVICE** each year. This **SURVEILLANCE ACTIVITY MAY** be scheduled +/- 15 days of the anniversary date.

EXAMPLE: Service A is certified as an **UNDERPINNING SERVICE** offered to the market and operated by Company A. Service A was certified on 1st January 2025. Its surveillance is due on 1st January each year.

Company A applies for certification for Service B as a **FIRST-PARTY WHITE LABEL SERVICE**, having contracted with Company B to use its brand. Service B is certified by its **CONFORMITY ASSESSMENT BODY** on 1st June 2025.

*Service B **SHALL** have an ordinary surveillance audit on or around 1st June each year. It **SHALL** also have a surveillance audit to confirm the ongoing validity of the **UNDERPINNING SERVICE**'s certification on or around 1st January each year.*

11.5 IMPACT OF LOSS OF CERTIFICATION OF AN UNDERPINNING SERVICE

- 1 If an **UNDERPINNING SERVICE** supporting one or more **WHITE LABEL SERVICES** is no longer **CERTIFIED**, for any reason, then:
 - 1.1 this **SHALL** be treated by the **CONFORMITY ASSESSMENT BODY** as a major non-conformity for all relevant **WHITE LABEL SERVICES**
 - 1.2 **CERTIFICATES** for any **WHITE LABEL SERVICE** that relied upon the **UNDERPINNING SERVICE** **SHALL** be suspended or withdrawn by the **CONFORMITY ASSESSMENT BODY**
- 2 A **CERTIFICATE** for a **WHITE LABEL SERVICE** **SHALL** be suspended by the **CONFORMITY ASSESSMENT BODY** if the **UNDERPINNING SERVICE** loses its **CERTIFIED** status. If the provider of the **UNDERPINNING SERVICE** resolves the non-conformity within the 30 days and has its certified status reinstated, the white label service's certified status **MAY** be reinstated by its **CONFORMITY ASSESSMENT BODY** and resume its existing certification cycle. If the provider of the **UNDERPINNING SERVICE** does resolve the non-conformity within more than 30 days, the white label organisation **SHALL** apply again to its **CONFORMITY ASSESSMENT BODY** for certification.
- 3 Otherwise, the usual non-conformity procedure **SHALL** be followed. The **CONFORMITY ASSESSMENT BODY** **SHALL** determine whether **SURVEILLANCE ACTIVITY** is required once the non-conformity is addressed by the **SERVICE PROVIDER**.

EXAMPLE: Service X is operated by Company X and is certified as an **UNDERPINNING SERVICE**. Company Y has engaged in **SECOND-PARTY WHITE LABELLING** and applied its brand to

Service X, creating new Service Y. Company Y obtains certification for Service Y.

Service X loses its certification 1st January due to a major non-conformity being found during a recertification evaluation.

*Company Y's **CERTIFICATE** for Service Y is suspended by Company Y's **CONFORMITY ASSESSMENT BODY**, as a result of Service X losing its certification. The **CONFORMITY ASSESSMENT BODY** decides to suspend Service Y's **CERTIFICATE** for 30 days.*

*Both Service X and Service Y are removed from the "Register of digital identity and attribute services", because neither service holds a valid **CERTIFICATE** for the purpose of registration.*

Company X has its certification for Service X restored on 15th January, following a correction of its major non-conformity.

*Company Y's **CERTIFICATE** for Service Y is restored on 16th January.*

*Both service providers are then able to reapply to the **CERTIFICATION SCHEME OWNER** to have their services listed on the "Register of digital identity and attribute services".*

11.6 CERTIFICATE PRODUCTION AND CERTIFICATION FEEDBACK REPORT REQUIREMENTS

11.6.1 RULES FOR SERVICE PROVIDER OPERATING AN UNDERPINNING SERVICE

1 When certifying an **UNDERPINNING SERVICE**, then the **CONFORMITY ASSESSMENT BODY SHALL**:

- 1.1 record that the **SERVICE** is allowed to be used for the purpose of **WHITE LABELLING** on the **CERTIFICATE** of the **UNDERPINNING SERVICE**
- 1.2 record this in the **CERTIFICATION FEEDBACK REPORT** for the **UNDERPINNING SERVICE**

2 The **CONFORMITY ASSESSMENT BODY SHALL** follow the method of recording this information as defined in the following documents:

2.1 **CERTIFICATE REQUIREMENTS**

2.2 **CERTIFICATION FEEDBACK REPORT**

11.6.2 RULES FOR WHITE LABEL SERVICES

1 When certifying a **WHITE LABEL SERVICE**, irrespective of whether that service is a **FIRST-PARTY** or **SECOND-PARTY WHITE LABEL SERVICE**, the **CONFORMITY ASSESSMENT BODY SHALL**:

1.1 record on the **CERTIFICATE**:

1.1.1 the legal name of the **FIRST-PARTY SERVICE PROVIDER** that provides the **CERTIFIED UNDERPINNING SERVICE**

1.1.2 the name of the **UNDERPINNING SERVICE** provided by the **FIRST-PARTY SERVICE PROVIDER**

1.1.3 the expiry date of the **UNDERPINNING CERTIFICATE** associated with the **FIRST-PARTY CERTIFIED SERVICE**

1.2 record in the **CERTIFICATION FEEDBACK REPORT**:

1.2.1 the legal name of the **FIRST-PARTY SERVICE PROVIDER** that provides the underpinning **CERTIFIED UNDERPINNING SERVICE**

1.2.2 the name of the **UNDERPINNING SERVICE** provided by the **FIRST-PARTY SERVICE PROVIDER**

1.2.3 the name of the **CONFORMITY ASSESSMENT BODY** that certified the **UNDERPINNING SERVICE**

1.2.4 the expiry date of the **UNDERPINNING CERTIFICATE** associated with the **UNDERPINNING SERVICE**

2 When there is a change in the information recorded on the **UNDERPINNING CERTIFICATE**, in line with Section 10.6.2., paragraph 1.1, the **CONFORMITY ASSESSMENT BODY SHALL** reflect this information in an updated **CERTIFICATE** and **CERTIFICATION FEEDBACK REPORT** for the **WHITE LABEL SERVICE** following each **SURVEILLANCE** activity or recertification.

12 CO-BRANDING

- 1 Co-branding exists where an existing **CERTIFIED SERVICE IS CO-BRANDED** by another organisation so that the user is still aware of the **UNDERPINNING SERVICE**. It is not considered **WHITE LABELLING** where an **UNDERPINNING SERVICE** is not visible to the user.
- 2 In order to conform to the requirements of the UK digital identity and attributes trust framework, **SERVICE PROVIDERS** that operate **UNDERPINNING SERVICE** for the purposes of **CO-BRANDING SHALL** be evaluated to ensure that:
 - 2.1 the **SERVICE PROVIDER** is not misrepresenting the **CERTIFIED, REGISTERED** or **TRUST MARKED** status of any **SERVICE** it operates as a **FIRST-PARTY SERVICE** that is co-branded with another service, and
 - 2.2 the **SERVICE PROVIDER** has effective processes and procedures in place to ensure that a **SECOND-PARTY** does not misrepresent the **CERTIFIED, REGISTERED** or **TRUST MARKED** status of their co-branded **SERVICE(S)**
- 3 The **SERVICE PROVIDER CAN** demonstrate conformity through documentation including policies and contracts with **SECOND-PARTIES**. The **SERVICE PROVIDER CAN** also demonstrate conformity by showing evidence of where it has directly acted to prevent misrepresentation of **CERTIFIED, REGISTERED** or **TRUST MARKED** status by **SECOND-PARTY** it is contracted with.

13 ANNEX A – METHODS FOR EVALUATION TIME CALCULATIONS

13.1 GENERAL

1 This annex provides further guidance on developing a formula to calculate **EVALUATION** time. **SECTION 10.2 CLASSIFICATION OF FACTORS FOR CALCULATING EVALUATION TIME** gives an example of a classification of factors that can be used as the basis for calculating **EVALUATION** time and **SECTION 10.3 CALCULATION OF EVALUATION TIME** how this feeds into the calculation of **EVALUATION** time.

13.2 CLASSIFICATION OF FACTORS FOR CALCULATING EVALUATION TIME

2 This table gives the impact on **EVALUATION** effort for the main factors related to the calculation of **EVALUATION** time, as listed in **SECTION 9.4.12 EVALUATION TIME** a) to f).

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Factors (see 9.4.12)	Impact on effort			
	Reduced effort	Normal effort	Increased effort	
a) size of operation:	<ul style="list-style-type: none"> • number of information systems • number of employees • number of activities 	<ul style="list-style-type: none"> • single information system • fewer than 10 employees • only UKDIATF service (no supplementary schemes) 	<ul style="list-style-type: none"> • 2 or 3 information system • 11 to 50 employees • UKDIATF service plus 1 supplementary scheme 	<ul style="list-style-type: none"> • 4 or more information systems • more than 50 employees • UKDIATF service plus more than 1 supplementary scheme
b) complexity of service:	<ul style="list-style-type: none"> • number of TF Roles • GPG Level of Confidence 	<ul style="list-style-type: none"> • single role • low LoC only 	<ul style="list-style-type: none"> • 2 Roles • medium LoC only 	<ul style="list-style-type: none"> • 3 or more Roles • High or very high LoC
c) diversity of technology:	<ul style="list-style-type: none"> • Verification of evidence • biometric verification of evidence 	<ul style="list-style-type: none"> • F2F verification • GPG45 Strength 1 or 2 	<ul style="list-style-type: none"> • remote verification • GPG45 Strength 3 	<ul style="list-style-type: none"> • F2F & remote verification • GPG45 Strength 4
d) number of sites:	<ul style="list-style-type: none"> • F2F service delivery • Sites hosting IT systems • Administrative functions only 	<ul style="list-style-type: none"> • None or single site • single site • single site 	<ul style="list-style-type: none"> • 2 to 20 sites • 2 or 3 sites • 2 to 5 sites 	<ul style="list-style-type: none"> • More than 20 sites • more than 3 sites • more than 5 sites
e) previous UKDIATF certification performance	Recently certified	Recent surveillance evaluation	No certification	
f) extent of outsourcing:	<ul style="list-style-type: none"> • degree of outsourcing • third-party arrangements 	<ul style="list-style-type: none"> • no outsourcing • no third-party arrangements 	<ul style="list-style-type: none"> • outsourced administrative function(s) • third-party admin staff 	<ul style="list-style-type: none"> • outsourced service function(s) • third-party staff providing service functions

13.3 CALCULATION OF EVALUATION TIME

- 1 This classification **SHALL** be used by **CONFORMITY ASSESSMENT BODIES** to derive an impact factor based upon identifying the number of factors that imply reduced effort, the number that imply normal effort and the number that imply increased effort; whichever of these numbers is the largest determines the overall impact factor. Where equal number of factors occur in two columns the higher effort column **SHALL** apply.
- 2 Starting with the number of days given in the ISMS audit time column of table c.1 in ISO/IEC 27006-1:2024 then, if the above calculation implies a reduction in effort, reduce the relevant entry by 25% but, if the above calculation implies an increase in effort, then increase the relevant entry by 50%.

14 ANNEX B – SAMPLING METHOD FOR THE UNDERPINNING SERVICE DOCUMENTATION

- 1 Where contracts are relied upon as evidence of conformity, the auditor **SHALL** review a random sample of no less than 10% of contracts that are in place or 5, whichever is greater. Where fewer than 5 contracts are in place, all contracts **SHALL** be reviewed. The sample **SHALL** include the most recent contract put in place and the oldest, longest-running contract that is in place.
- 2 In addition to reviewing the **FIRST-PARTY SERVICE PROVIDER**'s processes and procedures, the auditor **SHALL** also assess a sample of the marketing materials published by **SECOND-PARTIES** relying upon the **UNDERPINNING SERVICE**. The auditor **SHALL** review a random sample of websites, brochures or other marketing materials for no less than 10% of contracted **SECOND-PARTY** organisations. The organisations, services and information sampled **SHALL** be recorded in the **CERTIFICATION FEEDBACK REPORT**.
- 3 If the auditor finds evidence that any **SECOND-PARTY** is misrepresenting the **CERTIFIED, REGISTERED** or **TRUST MARKED** status of any of its **WHITE LABEL SERVICES**, this **SHALL** be treated as a minor non-conformity for the **FIRST-PARTY SERVICE PROVIDER**, and it should be given time to rectify it. If the **FIRST-PARTY SERVICE PROVIDER** fails to resolve the issue within the allotted timeframe, the auditor **SHALL** treat this as a major non-conformity. In addition, if the **CONFORMITY ASSESSMENT BODY** has also certified the sampled **SECOND-PARTY WHITE LABEL SERVICE**, it **SHALL** treat this as a minor non-conformity for the **SECOND-PARTY** service. If it did not certify the **SECOND-PARTY WHITE LABEL SERVICE**, it **SHALL** inform the **CERTIFICATION SCHEME OWNER**, such that this can be raised with the appropriate **CONFORMITY ASSESSMENT BODY**.

15 ANNEX C – LETTER OF APPROVAL TEMPLATE

[Conformity Assessment Body Name]

<<Address 1>>

<<Address 2>>

<<Address 3>>

<<Contact Email Address>>

XX Month 202X

Our ref: XXXX

Dear <<Contact Name>>,

APPOINTMENT OF [CONFORMITY ASSESSMENT BODY NAME] AS APPROVED CONFORMITY ASSESSMENT BODY UNDER THE UK DIGITAL IDENTITY AND ATTRIBUTES TRUST FRAMEWORK CERTIFICATION SCHEME

The Department for Science Innovation and Technology, Certification Scheme Owner of UK Digital Identity and Attributes Trust Framework (UKDIATF) Certification Scheme, approves [Conformity Assessment Body Name] to act as Conformity Assessment Body under the scheme. The table below indicates the scope of approval for [Conformity Assessment Body Name], and which the [Conformity Assessment Body Name] can apply for accreditation with UKAS against.

The [Conformity Assessment Body Name] is required to confirm its acceptance of the approval and the terms and conditions of its **APPROVED** status contained in this letter prior to commencing any conformity assessment activity in respect of this Scheme. The approval will not be published on GOV.UK until such confirmation is received. Confirmation should be emailed to digital.identity.register@dsit.gov.uk

Yours sincerely

[Authorised person]

[Certification Scheme Owner]

Department for Science, Innovation and Technology

Certification Scheme Requirements – Version 1.10

Terms and conditions of appointment

The [Conformity Assessment Body Name] will be appointed in respect of the product/process/service categories and conformity assessment procedures set out below and aligned with UKAS accreditation schedule:

Product	Standard
Attribute service provider	<p>UK Digital Identity and attributes trust framework beta version (to be agreed with DSIT)</p> <p>UK DIATF CSR Certification Requirements for Conformity Assessment Bodies version xxxx</p> <p>UKDIATF ASCR Assessor Skills and Competency Requirements version xxxx</p>
Component service provider	<p>UK Digital Identity and attributes trust framework beta version (to be agreed with DSIT)</p> <p>UK DIATF CSR Certification Requirements for Conformity Assessment Bodies version xxxx</p> <p>UKDIATF ASCR Assessor Skills and Competency Requirements version xxxx</p>
Holder service provider	<p>UK Digital Identity and attributes trust framework beta version (to be agreed with DSIT)</p> <p>UK DIATF CSR Certification Requirements for Conformity Assessment Bodies version xxxx</p> <p>UKDIATF ASCR Assessor Skills and Competency Requirements version xxxx</p> <p>Including the sub categories of: (delete as appropriate)</p> <p>Disclosure and Disbarring Service</p> <p>Right to Rent</p> <p>Right to Work</p> <p>Supplementary Code – Disclosure and Barring Service – version xxxx</p> <p>Supplementary Code – Right to Rent – version xxxx</p> <p>Supplementary Code – Right to Work – version xxxxx</p>

1. The approval of the [Conformity Assessment Body Name] will be made public.
2. The approval will remain in force until it is withdrawn by the Scheme Owner under paragraph 4 or after the elapse of a period of 180 days after the [Conformity Assessment Body Name] has notified the Scheme Owner in writing that it wishes to withdraw from the scheme and for the approval to be terminated under paragraph 5.
3. This approval is subject to the following conditions:
 - a. The [Conformity Assessment Body Name] must at all times carry out the duties and functions of Conformity Assessment Body under the UKDIATF Certification Scheme to the satisfaction of the Scheme Owner, where those duties and functions are not ones which are, or are able to be, assessed by UKAS as part of the accreditation process;
 - b. The [Conformity Assessment Body Name] must always hold the necessary accreditation for the functions and products/processes/services for which it has approval or otherwise be able to demonstrate its suitability for approval;
 - c. The Scheme Owner continues to be satisfied as to the [Conformity Assessment Body Name]'s suitability, including its status and competence, to be Conformity Assessment Body, in connection with this the [Conformity Assessment Body Name] must, at the reasonable request of the Scheme Owner, submit to immediate reassessment of its suitability for approval;
 - d. The [Conformity Assessment Body Name] must submit itself to annual surveillance for the purpose of making sure that the [Conformity Assessment Body Name] is performing its duties and functions in accordance with the approval and accreditation; provided always that the Scheme Owner may require more frequent surveillance;
 - e. The [Conformity Assessment Body Name] must submit itself every 4 years for a full reassessment and/or re-accreditation for the Scheme Owner to be satisfied that the [Conformity Assessment Body Name] remains suitable for approval;
 - f. For the purposes of reassessment, reaccreditation or maintenance of accreditation and surveillance an assessment will be carried out

by the United Kingdom Accreditation Service (UKAS), which will submit a report to the Scheme Owner.

- g. The [Conformity Assessment Body Name] must comply with the relevant obligations as stated in the UKDIATF Certification Scheme and in addition:
 - i. The [Conformity Assessment Body Name] must have documented procedures covering all aspects of its work relating to the conformity assessment procedures which it carries out, adequate internal organisation and adequate procedures in place to give confidence in the quality of its services.
- h. Where the [Conformity Assessment Body Name] receives a request for information relating to a conformity assessment activity from a market surveillance or enforcement authority they shall inform the Scheme Owner of such request.
- i. In cases where it is necessary to exercise judgement or interpret a standard or requirement are implicit or explicit in a decision to grant or withhold certification, the [Conformity Assessment Body Name] must have procedures for achieving consistency.
- j. The [Conformity Assessment Body Name] must authorise, at any reasonable time, access by or on behalf of the Scheme Owner to:
 - i. all documentation arising out of its duties and functions under this approval and the [Conformity Assessment Body Name] shall comply with any reasonable request made by or on behalf of the Scheme Owner for information regarding the exercise of those duties and functions, where compliance with those duties and functions is not, or is not able to be verified by UKAS;
 - ii. its premises for the purpose of verifying its compliance with the conditions and with the minimum criteria.
- k. The [Conformity Assessment Body Name] must take part in Conformity Assessment Body co-ordination activities that the Scheme Owner may choose to establish. If, exceptionally, the [Conformity Assessment Body Name] is unable to send a representative or a suitable substitute to a co-ordination activity, it shall without delay explain the reasons for its non-attendance to the

Scheme Owner;

- I. The [Conformity Assessment Body Name] must maintain its impartiality and independence from all applicants for its services and in no circumstances should it take on the role of authorised representative for any applicant;
- m. The [Conformity Assessment Body Name] must inform the Scheme Owner of any changes which have a bearing upon its status as Conformity Assessment Body or its ability to perform the duties and functions of Conformity Assessment Body under the UKDIATF Certification Scheme;
- n. The [Conformity Assessment Body Name] must inform the Scheme Owner of the following events as soon as they occur:
 - i. the [Conformity Assessment Body Name] is unable to pay its debts as they fall due, or is deemed unable to pay its debts or becomes insolvent within the meaning of the Insolvency Act 1986 section 123 or any other enactment;
 - ii. a winding up or an administration order is made in relation to the [Conformity Assessment Body Name], or the [Conformity Assessment Body Name] petitions or applies to the court for such an order, passes a resolution to present such a petition or application, or convenes a meeting for the purpose of considering such a resolution;
 - iii. any steps are taken with a view to proposing any kind of composition, scheme of arrangement, compromise or arrangement involving the [Conformity Assessment Body Name] and its creditors generally, or any class of them;
 - iv. any administrative receiver, receiver, manager or other person with functions like those of an administrative receiver, receiver or manager is appointed to the [Conformity Assessment Body Name] or any significant part of its assets, or the [Conformity Assessment Body Name] requests the appointment of such a person;
 - v. the directors of the [Conformity Assessment Body Name] take any steps to obtain a moratorium for the company within the meaning of the Insolvency Act 1986; or

- vi. the [Conformity Assessment Body Name] becomes a subsidiary of any company of which it is not a subsidiary at the date of this letter or ceases to be a subsidiary of any company of which it is a subsidiary at the date of this letter. The word “subsidiary” shall be interpreted in accordance with the definitions in Section 1159 of the Companies Act 2006.
- o. Documentation to be retained:
 - i. The [Conformity Assessment Body Name] is required to maintain an up to date record of all certifications that it has issued, to whom it has been issued and to what it applies. These records shall be retained by the Conformity Assessment Body and made available on request to the Scheme Owner, or such other person as may be authorised by the Scheme Owner, subject to the usual provisions relating to confidentiality. A list of the relevant technical documentation must be annexed to the certificate and a copy kept by the [Conformity Assessment Body Name]. The [Conformity Assessment Body Name] is required to keep available on request a complete electronic copy of all of the information detailed above. All of the above shall be supplied to the Scheme Owner on ceasing to be Conformity Assessment Body or other time as directed.
- 4. The Scheme Owner may, by notice in writing, add conditions or vary or delete any conditions, to this approval; such additions, variations or deletions shall have effect thirty days after the date of that notice unless a different period is agreed in writing between the Scheme Owner and the [Conformity Assessment Body Name].
- 5. This approval will be withdrawn or suspended immediately if it appears to the Scheme Owner that the [Conformity Assessment Body Name] no longer meets the requirements relating to Conformity Assessment Body as specified under the UKDIATF Certification Scheme and/or the terms of this letter.
- 6. In the case of suspension, the approval of the [Conformity Assessment Body Name] as Conformity Assessment Body may be reinstated subject to the [Conformity Assessment Body Name] satisfying the Scheme Owner that steps have been taken to address the non-conformity with the requirements relating to Conformity Assessment Body as specified under the UKDIATF Certification Scheme and/or the terms of this letter.

Certification Scheme Requirements – Version 1.10

7. This approval will be terminated in accordance with the UKDIATF Certification Scheme requirements at the request of the [Conformity Assessment Body Name] upon the expiry of 180 days' notice in writing to the Scheme Owner.
8. This approval is subject to the following additional conditions in the event of it being withdrawn or terminated under paragraphs 5, 6 or 7:
 - a. the [Conformity Assessment Body Name] must prepare and submit to the Scheme Owner within three calendar months of the date on which the termination of the approval takes effect or, if appropriate, of the date of withdrawal, a report in writing on the exercise of its duties and functions under the UKDIATF Certification Scheme; this report must contain such information as may have been agreed in writing between the Scheme Owner and the [Conformity Assessment Body Name];
 - b. the [Conformity Assessment Body Name] must follow the transfer process for its clients that have been certified under the UKDIATF Certification Scheme as defined in the Certification Scheme's documentation.
9. If the above terms and conditions of approval are acceptable, the [Conformity Assessment Body Name] should signify its consent by email to digital.identity.register@dsit.gov.uk. The approval will be confirmed once the [Conformity Assessment Body Name]'s consent is received.