

**LIMITED ACCESS DEATH MASTER FILE  
(LADMF) CERTIFICATION  
SYSTEMS SAFEGUARDS ATTESTATION FORM**

**TO BE COMPLETED BY AN ACCREDITED CERTIFICATION BODY (ACB).**  
NTIS FORM 100 | REVISION 0.1 DRAFT | DATED 11 DECEMBER 2014

**FORM INSTRUCTIONS**

PRIOR TO BEING GRANTED ACCESS TO LADMF DATA AND PRODUCTS, ALL PERSONS ARE REQUIRED TO HAVE THIS FULLY COMPLETED FORM SUBMITTED BY AN ACB.

1. Review the requirements for accessing and using LADMF data and products at <https://dmf.ntis.gov>
2. Identify an ACB to assess your LADMF systems safeguards program implementation. Information on ACBs may be found in 15 CFR Part 1110, Subpart F and at <https://dmf.ntis.gov>.
3. The ACB completes this form for a specific person\* applying for LADMF certification. For additional information on qualifying for LADMF access, see 15 CFR Part 1110.
4. The ACB submits this completed form directly to NTIS. NTIS will not accept NTIS FM100 from an applicant.

**SECTION 1: APPLICANT INFORMATION**

NAME	E-MAIL
COMPANY	PHONE NUMBER

NTIS INVOICE/ORDER CONFIRMATION NUMBER FOR PROCESSING FEE:

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

**SECTION 2: INDEPENDENT ASSESSOR**

NAME	E-MAIL
COMPANY	PHONE NUMBER

QUALIFICATION DESCRIPTION:

QUALIFICATION IDENTIFIERS:

**SECTION 3: ASSESSMENT RESULTS**

ASSESSMENT DATE (no more than 3 years prior to date of applicant's completed Form NTIS FM 161):

- ☐ An assessment of the applicant in Section 1 was completed that included the Controls in LADMF Certification Program Publication 100, and based on findings the program is deemed satisfactory.
- ☐ An assessment of the applicant in Section 1 was completed that included the Controls in LADMF Certification Program Publication 100, and unsatisfactory findings were identified. A remediation plan has been developed, and upon full plan execution, the applicant's LADMF program will be deemed satisfactory.
- ☐ An assessment of the applicant in Section 1 was completed that included the Controls in LADMF Certification Program Publication 100, and based on findings the program is deemed unsatisfactory.

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



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**SECTION 4: ACB ATTESTATION**

The undersigned Accredited Certification Body hereby attests that:

It is an independent third party certification body that is not "owned, managed, or controlled," as defined in 15 CFR §1110.501, by the applicant identified in Section 1.

It has read, understood and agrees to the regulations in 15 CFR Part 1110.

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

The scope of the accreditation identified above encompasses the safeguarding and security requirements set forth in 15 CFR Part 1110 and in LADMF Certification Program Publication 100.

A copy of its accreditation from the accreditation body identified above is submitted herewith.

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

By signing and submitting this form I attest that the ACB identified in Section 2 has conducted a full assessment of the LADMF systems safeguards program of the applicant identified in Section 1, and that the findings are as specified in Section 3. The undersigned hereby acknowledges that any willful false attestation or statement made herein is punishable under 18 U.S.C. §1001 by fine or imprisonment of not more than five (5) years, or both.

I attest that I am authorized to sign this form on behalf of the ACB identified in Section 2.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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

*This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be X hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Technical Information Service, Attn: John Hounsell, National Technical Information Service, 5301 Shawnee Rd, Alexandria, VA 22313; [jhounsell@ntis.gov](mailto:jhounsell@ntis.gov), (703-605-6184).*

OMB Control No.: 0692-XXX  
Expiration Date: XX/XX/XXXX