NSI

Certification/Verification Renewal Form

Version 1.0
March 2017

# Introduction

Welcome to the North American Association of State and Provincial Lotteries (NASPL) Standards Initiative (NSI) program. This renewal form collects information required for NSI certification/verification of business practices and technologies. Please complete and submit this form to the Certification/Verification Authority (CVA). The completed document will serve as the business product’s renewal for the associated Conformance Requirement in the NASPL Certification/Verification program.

# Organization Information

This form is to be filled in by the Organization to provide contact information.

|  |  |
| --- | --- |
| Submission Information | Applicant Response: |
| Date of submission | <date this and other documents submitted> |
| Submitted by  | <Name and Role of person submitting this form> |

|  |  |
| --- | --- |
| Organization | Applicant Response: |
| Organization Name |  |
| Organization Address |  |
| Organization website |  |

**Fill out this section, ONLY if there are changes to the Organization contacts:**

|  |  |  |
| --- | --- | --- |
| Contact Role | Contact name, Title, and email address | Guidance |
| Authorized Signatory |  | The person who will authorize your organization's registration. The Authorized Signatory must be someone who is authorized to enter into legal commitments on behalf of the organization. |
| Quality Manager |  | The person who will be the organization's primary contact for all certification/verification-related issues. |
| Primary Technical Verification/Certification Contact |  | This person will have the ability to register business practices and technologies for certification or verification, in addition to the Primary Certification/Verification Contact, Alternate Certification/Verification Contact, and Authorized Signatory |
| Alternate Technical Verification/Certification Contact |  | A person who will be the back-up for the Primary Certification/Verification Contact. (optional). |
| Organization Finance Contact |  | Your organization's primary contact for payment or invoicing issues related to accreditation. |
| Organization Marketing Contact (optional) |  | A person who will be the contact for any organization-level marketing-related certification/verification issues and for marketing-related issues for individual registrations |

# Entity Information

This section pertains this registration only, and not necessarily the Organization as a whole.

|  |  |  |
| --- | --- | --- |
| Entity Information | Applicant Response: | Notes |
| Practice Location |  |  |
| Conformance Requirements |  |  |
| Request Confidentiality |  | If requested to do so by the Applicant, this business practice or technology will remain confidential. |
| Concurrent Registration |  | If submitting linking registrations, specify here |

# Project Definition and Submission

Please provide the information requested below for at least 1 project that has been performed over the past two years. Please specify at least one project that includes a new lottery system component and at least one that includes an update to an existing lottery system component.

For each defined project, please specify the following information:

**Project ID/Name** - Specify a unique name or identifier to be used when referring to this project

**Phase Completion Date** - Specify the month and year in which the phase of the overall development activity was completed. (mm/yy) Note: Project documentation may be submitted once the phase of the overall project is complete.

**Phase Duration (in calendar or person-months)**
Specify the number of calendar months or person-months of the phase of the overall project. If the duration of this phase is indicated in the High-level Project Plan for the overall project (as specified in the Requirements Definition Best Practice), please indicate that duration. (e.g 6 person-months)

**Lottery Change Environment** – Specify changes that were included as part of project. This falls into 2 types: new lottery system component (N) and update lottery system component (U). Within the types, please identify which category each change falls into. These changes are as follows:

Gaming system (G), Back office and Administrative system (B), Internal Control system (I), or Other, please specify (O) (e.g. – UG = Update the Gaming system

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project ID/Name |  Phase Completion Date (mm/yy) |  Phase Duration |  Lottery Change Environment  |  Last updated |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

## Project Supporting Documents

Please check the corresponding Applicant Checklist being submitted in the Registration Packet.

Verification:

\_\_\_\_\_ NSI QA Development Process Applicant Checklist

\_\_\_\_\_\_ NSI Requirements Definition for Vendors Applicant Checklist

Certification:

\_\_\_\_\_\_ NASPL QA Acceptance Testing Applicant Checklist

\_\_\_\_\_\_ NSI Requirements Definition for Lotteries Applicant Checklist

# Documentation

The following documents need to be completed, signed and, returned to the NASPL Certification/Verification Authority.

|  |  |  |
| --- | --- | --- |
| Document |  | Additional information |
| Registration Application Form | Yes/No |  |
| Conformance Statement | Yes/No |  |
| Applicant Checklist | Yes/No |  |
| Supporting Documentation  | Yes/No |  |