TO BE COMPLETED BY A STATE OR LOCAL GOVERNMENT AUDITOR GENERAL OR INSPECTOR GENERAL.

NTIS FM 100B | REVISION 0.2 | DATED 11 OCTOBER 2016

FORM INSTRUCTIONS FOR STATE AND LOCAL GOVERNMENT APPLICANTS

PRIOR TO BEING GRANTED ACCESS TO LADMF DATA AND PRODUCTS FROM NTIS, ANY STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY RELYING ON AN ATTESTATION FROM A STATE OR LOCAL AG OR IG IS REQUIRED TO HAVE THIS FULLY COMPLETED FORM SUBMITTED BY THE AG OR IG.

2. The state or local AG or IG completes this form for a specific person* applying for LADMF certification.
3. The state or local AG or IG submits this completed form directly to NTIS. NTIS will not accept Form NTIS FM100B directly from an applicant.

SECTION 1: STATE OR LOCAL GOVERNMENT APPLICANT INFORMATION

NAME OF APPLICANT STATE OR LOCAL GOVERNMENT DEPARTMENT OR AGENCY

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: STATE OR LOCAL GOVERNMENT AUDITOR GENERAL OR INSPECTOR GENERAL

NAME OF ASSESSOR

E-MAIL OF ASSESSOR

AG/IG OFFICE

PHONE NUMBER

SECTION 3: ASSESSMENT RESULTS

An assessment of the state or local government applicant named in Section 1 was completed and based on the findings the applicant has systems, facilities and procedures in place to safeguard LADMF information as required by 15 CFR 1110.102(a)(2). This assessment was conducted on ________ [enter date of assessment], which is no more than 3 years prior to the date of the applicant’s completed Form NTIS FM 161.

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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________________________________________________________________________
The undersigned State or Local Auditor General or Inspector General hereby attests that:

1. It has read and understands the regulations in 15 CFR Part 1110.

2. 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 I am authorized to sign this form on behalf of the State or Local Government auditor General or IG identified in Section 2, that the State or Local Government AG or IG 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 results are as specified in Section 3. I hereby acknowledge 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.

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 this 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 3 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: Daniel Ramsey, National Technical Information Service, 5301 Shawnee Rd, Alexandria, VA 22312, dramsey@ntis.gov, (703-605-6703).

OMB Control No.:
0692-0016 Expiration Date:
10/31/2023
**FORM INSTRUCTIONS FOR APPLICANTS**

Prior to being granted access to LADMF data and products from NTIS, all persons are required to have this fully completed form submitted by an ACAB. State and local government departments and agencies relying on attestations from state or local government auditors general or inspectors general should use Form NTIS FM 100B.

2. Identify an ACAB to assess your LADMF systems safeguards program implementation.
3. The ACAB submits this completed form directly to NTIS. NTIS will not accept Form NTIS FM100A directly from an applicant.

**SECTION 1: APPLICANT INFORMATION**

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*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 OR FIREWALLED ACAB**

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**SECTION 3: ASSESSMENT RESULTS**

An assessment of the applicant named in Section 1 was completed using __________ [fill in applicable standard(s)] and based on the findings the applicant has systems, facilities and procedures in place to safeguard LADMF information as required by 15 CFR 1110.102(a)(2). This assessment was conducted on __________ [enter date of assessment], which is no more than 3 years prior to the date of the applicant’s completed Form NTIS FM 161.

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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**LIMITED ACCESS DEATH MASTER FILE (LADMF) ACCREDITED CONFORMITY ASSESSMENT BODY SYSTEMS SAFEGUARDS ATTESTATION FORM**
The undersigned Accredited Conformity Assessment Body hereby attests that:

1. It is either:
   - [ ] An independent third party accredited conformity assessment body that is not “owned, managed, or controlled,” as defined in 15 CFR §1110.501, by the applicant identified in Section 1, OR
   - [ ] A firewalled accredited conformity assessment body whose LADMF ACAB Application for Firewalled Status has been accepted by NTIS.

2. It has read and understands the regulations in 15 CFR Part 1110.

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

4. The scope of the accreditation identified above encompasses the information safeguarding and security requirements set forth in 15 CFR Part 1110.

5. 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 I am authorized to sign this form on behalf of the ACAB identified in Section 2, that the ACAB identified in Section 2 has conducted an assessment of the LADMF systems safeguards program of the applicant identified in Section 1, and that the results are as specified in Section 3. I hereby acknowledge 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.

Signature: _____________________________

Date: ________________________________

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

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