



Please send this form back to:

Bundesverwaltungsamt
Vergabestelle für Berechtigungszertifikate

**50728 Köln
Germany**

Initial application

Information with respect to the applicant (enterprise - authority)

Service provider

Name: *

Short name:

Address

Street: *

House no.:

Postcode:

Village, town, or

city: *

Federal state:

Country: *

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the
address indicated above.



E-mail / telephone numbers

E-mail: * _____

Telephone: * _____

Fax: _____

Other information

Branch: * _____

Company registration number: _____

Web - URL: _____



Contact person

Name

Form of address:

Surname: *

Given name: *

Title:

Surname particle:

Address

Street: *

House no.:*

Postcode:

Village, town, or city: *

Country: *

E-mail / telephone numbers

E-mail:

Telephone:

Mobile:

Fax:

Other information

Date of birth: *
(dd/mm/yyyy)

Place of birth: *

I agree that the specified contact partner of our authority/enterprise may be contacted with respect to the inclusion of the authorized service in a list of service providers using the online identification function.

Please note: * required data
You can fill in the form on the computer.
Please sign the printed form and send it to the
address indicated above.



German representative

**Information to be provided only by service providers
located abroad**

Name

Form of address:

Surname: *

Given name: *

Title:

Surname particle:

Address

Street: *

House no.:

Postcode:

Village, town, or city: *

Federal state: *

E-mail / telephone numbers

E-mail:

Telephone:

Mobile:

Fax:

Other information

Date of birth: *

(dd/mm/yyyy)

Place of birth *



Other information

The service provider's Data Protection Officer

Name: * _____

E-mail: * _____

Other information

Data protection supervisory authority: *

Authorization certificates provider (BerCA):

Please enclose the following documents:

Privacy statement *

Extract from the commercial register (for e-businesses only *)

Description of the interest in an authorization pursuant to Section 21 (2) no. 2 of the Act on Identity Cards and Electronic Identification (PAuswG) underlying this application *

You can also enclose a flow chart of your business process to make it easier to understand.

Information with respect to the eID service

If you use a technical service provider, please also send the contract.

Place and date

Signature



Annex: Data protection and data security requirements

Only service providers satisfying the requirements of the PAuswG shall be issued the authorization to access the identification data stored on the identity card.

This implies that standards for security and for data protection be met for the applications.

It may be necessary for the checking authority to consult the IT security and data protection policies before issuing the authorization. You will be requested to transmit those documents in a separate letter.

In order to be able to assess the actions taken in your enterprise/authority, we ask you for information on the arrangements implemented/brought about in your enterprise/authority with respect to IT security and data protection:

1. IT security policy *

Is there an IT security policy for the relevant IT systems?

yes

no

Which method or model was used for developing the IT security policy? (such as Federal Office for Information Security standards, ITIL, risk analysis, etc.)

Last update of the IT security policy

Date:



2. IT security officer*

Is there a person in your enterprise/authority who is responsible for IT security / security management?

yes no

IT security officer/service provider:

Name: * _____
E-mail: * _____
Job title: * _____

3. Corporate data protection and Data Protection Officer of the service provider*

*The service provider's Data Protection Officer**

Name: * _____
E-mail: * _____

I assure that the corporate data protection is respected (Section 21 (2) no. 3 PAuswG).

*Signature of the service provider's Data Protection Officer**

Place and date _____

Signature of the service provider's Data Protection Officer*

Please note: * required data
You can fill in the form on the computer.
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5 Data protection supervisory authority *

Please provide information on the main office of your enterprise/authority and the competent data protection supervisory authority.

Address

House no.:

Postcode:

Village, town, or city: *

Federal state: Country: *

Data protection supervisory authority: *

Place and date

Signature, business or official stamp



Annex: Short description of the interest in an authorization pursuant to Section 21 (2) no. 2 PAuswG * underlying the application

Is that a service pursuant to Sections 21, 21a or 21b PAuswG?

Section 21 PAuswG (service providers)

Service providers shall be natural and legal persons who, to carry out tasks of the public administration or for own business purposes, require proof of identity or individual identifying features of the identity card holder and who have their place of residence, business or office within the geographical area covered by Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data or in other countries having a comparable standard of data protection.

(Section 2 (3) PAuswG)

Section 21a PAuswG (local service providers)

Where the online identification function is deactivated or where the PIN code is not available to the identity card holder, the latter, instead of entering the PIN code, may be identified, by a specifically authorized local provider pursuant to Section 21a PAuswG on the basis of the produced identity card or electronic residence title. In such cases, the photograph on the identity card shall be checked, without making use of any means of distance communication, against the person presenting the identity card. The data can only be read if the identity card holder voluntarily produces his or her identity card for the purpose of providing the access number printed on that document.

Section 21b PAuswG (identification service providers)

Identification service providers shall be service providers that provide individual identification services on the basis of the electronic identification pursuant to Section 18 PAuswG. The systematic repeated identification for the same client, such as within the framework of login or account management, is not permitted. (Section 2 (3a) PAuswG)



Please describe in brief:

Which function is the electronic identification planned to perform in carrying out tasks of the public administration or in the applicant's intended business purposes?

Description of the service

(You may describe and explain the process in a chart.)

Please note:
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Please mark with a cross which data fields you would like to retrieve from the identity card:

- surname (no. 1)
- birth name (no. 1a)
- given name (no. 2)
- doctorate (no. 3)
- date of birth (no. 4)
- place of birth (no. 5)
- address (no. 6)
- unique municipality key used in the official list of municipalities (no. 6a)
- nationality (no. 6b)
- type of document (no. 7)
- date of expiry (no. 7a)
- service and card specific characteristic (also 'pseudonym') (no. 8)
- abbreviation 'D' for the Federal Republic of Germany (no. 9)
- information whether a specific age has been reached or exceeded (no. 10)
- information whether a place of residence matches the requested one (no. 11)
- religious name, pseudonym (no. 12)

Please mark with a cross which further data fields you would like to retrieve from the residence title:

- collateral provisions
- nationality abbreviation

Please note: The authorization shall not affect data protection rules which continue to be respected (Section 21 (1), second sentence, PAuswG)

Place and date

Signature, business or official stamp

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