CCM-02-A Form 20

Request for Preliminary Review of Assurance Continuity[[1]](#footnote-1)

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To General Manager of IT Security Technology Evaluation Department

IT Security Center

Information-technology Promotion Agency, Japan

Name of the applicant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person in charge of the application :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Signature*)

Title/Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to request preliminary review of Assurance Continuity as follows in accordance with the “Requirements for IT Security Certification (CCM-02).”

|  |  |
| --- | --- |
| 1. TOE name and version  for Assurance Continuity : |   |
| 2. Certification Identification : | JISEC-C  |
| Contact information of the person in charge of the application (telephone and e-mail) : |

Attached documents:

* Checklist for Assurance Continuity Application (refer to Impact Analysis Report Preparation Guidance)
* Impact Analysis Report (IAR)
1. Sign this form and scan the document as a PDF file, then send the PDF file as an attachment together with the attached documents.

Note that the applicant will need to respond to confirmation and questions with respect to the aforementioned attached documents. [↑](#footnote-ref-1)