[Provider name] application to the Trust Framework Authority for [service name]

[Date]

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# Applying for accreditation

The Digital Identity Services Trust Framework Authority (Trust Framework Authority) is the regulator for accredited digital identity service providers in Aotearoa New Zealand.

This form must be completed by providers as part of the application process for:

* applications to be accredited as a Trust Framework provider and to provide a accredited digital identity service(s).
* applications once a provider has already been accredited as a digital identity provider and for a digital identity service(s), for providers who want to apply for an additional digital identity service(s).

The form requires the provider to gather evidence to show the service meets the Digital Identity Services Trust Framework rules and regulations. It should be read and completed in conjunction with the **Trust Framework Authority application guidance for providers**.

If you are interested in applying for accreditation, please contact the Trust Framework Authority at [TFA@dia.govt.nz](mailto:TFA@dia.govt.nz), and provide the following information:

* Provider name.
* Service type and description.
* Key contact – work phone number and work email address.

We will then contact the key contact identified to discuss your application with you, including how to submit the required application information to the Trust Framework Authority.

### Quick checklist

**Please ensure you have followed the below checklist before initiating your application, and completing this application form:**

Talk to a representative of the Trust Framework Group to ensure you’re ready to apply. Contact us at [TFA@dia.govt.nz](mailto:TFA@dia.govt.nz).

Ensure you are familiar with the [Act](https://www.legislation.govt.nz/act/public/2023/0013/latest/whole.html?search=ts_act%40bill%40regulation%40deemedreg_digital+identity+services_resel_25_a&p=1), [Regulations](https://www.legislation.govt.nz/regulation/public/2024/0197/latest/whole.html), [Rule](https://www.dia.govt.nz/diawebsite.nsf/Files/Trust-Framework/$file/DISTF-Rules-2024.pdf)s and **Trust Framework Authority application guidance for providers**

If you have an NZBN, check the information on the NZBN Register and Companies Register is up to date and correct.

Note that if you are subject to a formal investigation or proceeding currently being undertaken by the Privacy Commissioner, you must declare it. The Trust Framework Authority may not complete its assessment of your application until the investigation or proceeding has concluded.

Collate the information and documents you need to complete the application form.

A reminder: It is an offence under s99 of the Act to fail to give key information or specified information in an application for accreditation.

**About the application form**

The application form is structured as follows:

* questions about the services you are applying for
* questions about the provider
* documents to provide
* declarations.

**Demonstration**

The Trust Framework Authority will contact you to acknowledge that your application has been received. They may then arrange a time for you to demonstrate the service or services included in this application. The demonstration can be in person in the Wellington office of the Trust Framework Authority or carried out remotely. Details of what needs to be included in the demonstration are included in the **Trust Framework Authority application guidance for providers.**

**Questions and Answer Session**

You may also be invited to a ‘question and answer’ session with the Trust Framework Authority. The purpose of this session to answer any questions the Trust Framework Authority has in relation to your application. This is to support our understanding of your service and application

# Application form

Refer to the **Trust Framework Authority application guidance for providers** to let you know why the question is being asked and how to provide this information.

| No | Question | Applies to | Response |
| --- | --- | --- | --- |
| **Application type** | | | |
| 1 | What type of application is this?  *Required* | All providers | Application to be a digital identity service provider and for a digital identity service  Application for an additional digital identity service |
| **Application details** | | | |
| 2 | What is the legal name of the applicant?  *Required* | All providers |  |
| 3 | Who is the applicant‘s key contact person?  *Required* | All providers | |  |  | | --- | --- | |  | Key contact person | | Name |  | | Position |  | | Work email address |  | | Work phone number |  | |
| 4 | Are you a   * a New Zealand government agency * an organisation * an individual   *One option must be selected* | All providers | New Zealand government agency  Organisation  Individual |
| **Services** | | | |
| 5 | What types of digital identity service(s) are you applying for in this application?  *At least one digital identity service must be selected*  *More than one option may be selected* | All providers | Credential service  Facilitation service  Authentication service  Information service  Binding service |
| 6 | What is the name of the service(s)?  *Optional* | All providers |  |
| 7 | What is the internet site address of the service(s) (if any)?  *Optional* | All providers |  |
| 8 | Please provide a short description of the service(s)  *Required* | All providers |  |
| 9 | What credential(s) are you seeking accreditation for (if any)?  *Required where you are applying for a credential service* | All providers |  |
| 10 | What attributes are you seeking accreditation for (if any) and what is the level of assurance for each?  *Required where you are applying for a credential service* | All providers | |  |  | | --- | --- | | Name | Level of assurance (LoIA, LoBA, LoAA) | |  |  | |  |  | |  |  | |  |  | |
| 11 | List any derived values you use for attributes  *Required where you are applying for a credential or facilitation service* | All providers |  |
| 12 | If you use derived values, how are they calculated?  *Required where answered yes above* | All providers |  |
| 13 | Are the credentials issued compliant with:  (a) W3C Verifiable Credential Data Model (latest version holding recommended status); or  (b) ISO 18013-5: Mobile driving licence (mDL) application (latest published version)  *Required where you are applying for a credential service* | All providers | Check all that apply:  W3C Verifiable Credential Data Model  ISO 18013-5: Mobile driving licence (mDL) application |
| 14 | What assurance have you sought or received to evidence compliance with a standard listed above? | All providers | Provide details of the steps you have taken to show compliance with a standard listed above. |
| 15 | Are the credentials presented compliant with:  (a) W3C Verifiable Credential Data Model (latest version holding recommended status); or  (b) ISO 18013-5: Mobile driving licence (mDL) application (latest published version)  (c) Another appropriate presentation standard published in the ISO 18013 series if the presentation is not in person (recommend 18013-7)  *Required where you are applying for a facilitation service* | All providers | Check all that apply:  W3C Verifiable Credential Data Model  ISO 18013-5: Mobile driving licence (mDL) application  Another presentation standard published in the ISO 18018 series – if so, define below: |
| 16 | What assurance have you sought or received to evidence compliance with a standard listed above? | All providers | Provide details of the steps you have taken to show compliance with a standard listed above. |
| 17 | Can the facilitation mechanism hold credentials of at least one of the following formats?  (a) W3C Verifiable Credential Data Model (latest version holding recommended status); or  (b) ISO 18013-5: Mobile driving licence (mDL) application (latest published version)  *Required where you are applying for a facilitation service* | All providers | Check all that apply:  W3C Verifiable Credential Data Model  ISO 18013-5: Mobile driving licence (mDL) application |
| 18 | What assurance have you sought or received to evidence compliance with a standard listed above? | All providers | Provide details of the steps you have taken to show compliance with a standard listed above. |
| 19 | What is the internet site address of the website listing all the standards and formats your facilitation or credential service supports?  *Required where you are applying for a credential or facilitation service* | All providers |  |
| **Provider details** | | | |
| 20 | What is your New Zealand Business Number (NZBN)?  *Required if you have a NZBN and if you are an organisation* | All |  |
| 21 | What type of organisation are you?  *Required if you are an organisation* | Organisation | NZ Limited Company  Overseas company registered in New Zealand  Co-operative company  Unlimited company  Sole trader  Partnership  Other: Please specify  Examples: Company, Limited Partnership, Limited Partnership (Overseas), Trust, Incorporated Society, Charitable Trust, Building Society, Special Body |
| 22 | What are your trading name/s?  *Required* | All |  |
| 23 | Are you registered or incorporated in New Zealand?  *Required* | Organisation | Yes  No |
| 24 | What is your address (and registered address if different)?  Please note which is your registered address  *Required* | All providers |  |
| 25 | What is your internet site address?  *Required* | All providers |  |
| 26 | Please describe the ownership structure of the organisation  *Required* | Organisation |  |
| 27 | Do you have a permanent place of residence in New Zealand (even if you also have a permanent place of residence elsewhere) and are you:   * a New Zealand citizen or * the holder of a residence class visa granted under the Immigration Act 2009 or * the holder of visa granted under the Immigration Act 2009 that allows you to work or study in New Zealand.   *Required for individuals* | Individual | Yes  No |
| 28 | Provide details of individuals involved in the governance of the service(s) for which accreditation is sought or with material control over the applicant, for example board members and the Chief Executive  *Required*  (Note also question 29 in relation to individuals involved in management) | All providers | |  |  | | --- | --- | | Individuals involved in the governance of the service(s) or who have material control over the applicant | | | Name |  | | Position |  | | Email address |  | | Name |  | | Position |  | | Email address |  | | Name  Position  Email address |  | | Name  Position  Email address |  | | Name  Position  Email address |  |   Please add additional rows as required |
| 29 | Provide details of individuals with responsibility and accountability for the management, design, or delivery of the service(s)  *Required* | All providers | |  |  | | --- | --- | | Individuals with responsibility and accountability for the management, design or delivery of the service or services | | | Name |  | | Position |  | | Email address |  | | Name |  | | Position |  | | Email address |  | | Name  Position  Email address |  | | Name  Position  Email address |  | | Name  Position  Email address |  |   Please add additional rows as required |
| 30 | What arrangements do you have for checking and assessing whether the people involved, or proposed to be involved, in the governance, management, design or delivery of the service have been convicted of a criminal offence in New Zealand or overseas?  *Required* | All providers |  |
| 31 | Has the applicant ever been convicted of a criminal offence, whether in New Zealand or overseas?  Applicant has the meaning in s25(2) of the Act “applicant and (as relevant) their officers and those involved in the management of, employed by, or contracted by, the applicant”. | All providers | Yes  No |
| 32 | What arrangements do you have for checking and assessing whether the people involved, or proposed to be involved, in the governance, management, design or delivery of the service have been or currently are the subject of a formal investigation or proceeding undertaken by the Privacy Commissioner?  *Required* | All providers |  |
| 33 | Has the organisation, currently or previously been the subject of any formal investigation or proceeding by or taken by the Privacy Commissioner?  *Required* | All providers | Yes  No |
| 34 | If yes, provide details of the status or outcome of the investigation(s)  *Required where applicant has selected yes to the question above* | All providers |  |
| 35 | Is the organisation a subsidiary of an overseas company or does it have offices overseas?  *Required* | Organisation | Yes  No |
| 36 | If yes, provide details  *Required where answered yes above* | Organisation |  |
| 37 | Does the organisation or any of its officers and those involved in the management of, or employed by, or contracted by the applicant, have any interests in overseas defence contracts or overseas government contracts?  *Required* | Organisation | Yes  No |
| 38 | If yes, provide details  *Required where answered yes above* | All providers |  |
| 39 | Has the organisation experienced any data breaches, data losses or cybersecurity attacks?  *Required* | All providers | Yes  No |
| 40 | If yes above, please provide details including any controls that have been implemented as a result  *Required where answered yes above* | All providers |  |
| 41 | What complaints information for the service will you publish on your website once accredited?  *Required* | All providers |  |
| 42 | Have you received any complaints in the last 12 months which relate to your organisational capability to deliver the service for which you are seeking accreditation? | All providers |  |
| 43 | Have you received any complaints in the last 12 months which relate to protecting personal and organisational information? | All providers |  |

# Declarations

In the declarations “I” refers to the person making the application on behalf of the provider, and “we” refers to the provider applying for accreditation.

I declare that:

|  |  |
| --- | --- |
|  | All information is accurate and complete at the time of submitting this form. |
|  | We will advise the Trust Framework Authority if any of the information contained in the application changes. |
|  | We have checked that our NZBN information (if applicable) is up to date and correct. |
|  | We have the organisational capability, including the people, policies, processes, procedures and systems required, to deliver Trust Framework accredited service(s) and protect personal and organisational information. This includes but is not limited to staff recruitment, contracted services, and communication of changes to staff and contractors. |
|  | We will take steps to ensure staff we wish to employ and service providers we wish to contract:   * + can meet accreditation requirements;   + will not pose a risk to the security, privacy, confidentiality or safety of information relating to any trust framework participant; and   + will not compromise the security of integrity of accredited services or the integrity or reputation of the Trust Framework. |
|  | Where we currently or have previously been the subject of an investigation or proceeding before the Privacy Commissioner we have provided details on the status or outcome. |
|  | We are not in receivership, liquidation, bankrupt of subject to a No Asset Procedure under subpart 4 of Part 5 of the Insolvency Act 2006 (or a similar procedure under a law of an overseas jurisdiction) |
|  | We will meet the standards and processes prescribed in the current rules made pursuant to the Digital Identity Services Trust Framework Act 2023. |
|  | We will meet the requirements for periodic reporting and notifications as set out in the Act or Regulations. |

# Appendix A: Documents to be uploaded

#### Identification management

| No | Document/evidence |
| --- | --- |
| 1 | Identification Standards conformance certificate |
| 2 | Information data management plan |
| 3 | Detailed service description |
| 4 | Any other documents you have provided to the independent evaluator for the Identification Standards evaluation. |

#### Provider documentation

| No | Document/evidence |
| --- | --- |
| 1 | Delegations form |
| 2 | The provider’s complaints and disputes resolution processes |
| 3 | Evidence that the organisation is formed or incorporated in New Zealand |
| 4 | Evidence of citizenship, residence visa class or visa that allows you to work or study in New Zealand. |
| 5 | Diagram showing all ownership including ultimate beneficial ownership interests including jurisdictions |

#### Security documentation

| No | Document/evidence |
| --- | --- |
| 1 | Security independent evaluation scope |
| 2 | Security independent evaluation |
| 3 | Any other documents you have provided to the independent evaluator for the Security evaluation. |

#### Privacy documentation

| No | Document/evidence |
| --- | --- |
| 1 | Privacy evaluation from the independent evaluator |
| 2 | Privacy Policy |
| 3 | Privacy Incident Response Plan |
| 4 | Privacy Incident Register |
| 5 | Privacy Impact Assessment – this is also required to support the Identification standards assessment |
| 6 | Any other documents you have provided to the independent evaluator for the Privacy evaluation. |

#### New Zealand public agencies document upload

For New Zealand public agencies, upload documents with a security classification up to and including SENSITIVE. For documents with a higher security classification, contact the Trust Framework Authority who will discuss access to these documents.