**Asia Pacific Computer Emergency Response Team**

**(APCERT)**

**Application Form for a CORPORATE Partner**

**Corporate Partners**

Corporate Partners are commercial cyber security-related entities that wish to formally support the operation and activities of APCERT. Multinational entities can only nominate one representative (i.e. each regional office of a corporation cannot be nominated separately). It is the responsibility of the entities to determine the most logical contact to represent its entire global operation.

Please fill in the form below and submit the application to the APCERT Secretariat at [apcert-sec@apcert.org](mailto:apcert-sec@apcert.org). This application needs to be digitally signed with PGP or GPG by the applying team’s APCERT Representative (apcert-rep). The Applicant will need to send the PGP public key of the team’s representative (mandatory) and team’s usage (mandatory) in a separate attachment in .asc or .txt format.

The information provided in this application form will be treated as confidential. Only APCERT personnel specific to the application process will have access to this information, except for the information marked with asterisks which will be made public through [http://www.apcert.org](http://www.apcer.org):

* Partnership type (CORPORATE PARTNER)
* Official team name (Item 1)
* Short Team name (Acronym) (Item 2)
* Team constituency (Item 6)
* Contact information (Item 10.1, 10.2, 10.3 and 10.4)

To qualify for a Corporate Partner, the entities must meet the specific criteria as outlined in the APCERT Member & Partner Categories Policy. Please indicate below if you meet each criterion or not :

|  |  |
| --- | --- |
| **Criterion** | **Yes/No** |
| 1. Are you a cyber security or internet related commercial entity with cyber security responsibilities? | * Yes * No |
| 1. Are you able to support the Computer Security Incident Response Team (CSIRT) / Computer Emergency Response Team (CERT) functions and will you support and contribute to the APCERT operation? | * Yes * No |
| 1. Do you share APCERT’s vision to help create a safe, clean and reliable cyber space through global collaboration and are willing to partner with APCERT to achieve this vision? | * Yes * No |
| 1. Do you agree to comply with the APCERT Engagement with Service Providers and Corporate Entities Policy? | * Yes * No |
| 1. Is your application sponsored by three existing APCERT Operational Members? | * Yes * No |
| 1. Do you consent to signing a Memorandum of Understanding (MoU) with APCERT? | * Yes * No |
| 1. Do you agree to advise the APCERT Steering Committee, within a reasonable time period, if at any time you cannot meet the above criteria? | * Yes * No |
| 1. *[For multinational entities]* Are you the most logical representative to represent your entire global operation? | * Yes * No |

If you responded ‘Yes’ to all questions, please complete the following. If you answered ‘No’ to any of the questions, please review the criteria for other Partner categories for applicability.

Please provide your sponsor’s information:

(These must be APCERT Operational Members that are eligible to vote on APCERT matters)

SPONSOR 1

|  |  |
| --- | --- |
| Sponsor’s Organization: |  |
| IDD Phone/Fax: |  |
| Contact Name of Sponsor: |  |
| Contact Email: |  |

SPONSOR 2

|  |  |
| --- | --- |
| Sponsor’s Organization: |  |
| IDD Phone/Fax: |  |
| Contact Name of Sponsor: |  |
| Contact Email: |  |

SPONSOR 3

|  |  |
| --- | --- |
| Sponsor’s Organization: |  |
| IDD Phone/Fax: |  |
| Contact Name of Sponsor: |  |
| Contact Email: |  |

APPLICANT

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Official Organization Name\*: | | | | | |  | | | | |
|  | Short Organization Name\* (Acronym): | | | | | | | | |  | |
|  | Host or Parent Organization (if applicable): | | | | | | | | | |  |
|  | Economy where the Organization is located (if multiple offices exist, list all locations): | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Date of Establishment: |  | | | | | | | | | |
|  | Organization’s Constituency\* (check one or more)   * Vendor Customer Base * Internal to Host/Parent Organization * ISP Customer Base * Academic Base * Single Economy based * Multinational organization * Other (please specify below) | | | | | | | | | | |
|  | Other type of constituency: | | | |  | | | | | | |
|  | Explain the details of your customers, domains, or other characterization of the constituency: | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Mission Statement: | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Specify the Authority or customer base if possible. (Please explain about your constituencies): | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Remarks  [Note: Please use the space below to address any issues or explanations in support of this application.] | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  | Contact Information (The information from 10.1 through 10.4 will be made public.) | | | | | | | | | | |
|  | * 1. **\*** Regular Phone Number (all fields below are mandatory) | | | | | | | | | | |
|  | Time-zone (relative to GMT): | | | | | |  | | | | |
|  | IDD Telephone number: | |  | | | | | | | | |
|  | Days/hours of operation: | |  | | | | | | | | |
|  | * 1. **\*** Emergency Phone Number (if different from the above “Regular Phone Number”) | | | | | | | | | | |
|  | Time-zone (relative to GMT): | | | | | |  | | | | |
|  | IDD Telephone number: | |  | | | | | | | | |
|  | Days/hours of operation: | |  | | | | | | | | |
|  | * 1. **\*** Other Communication Facilities | | | | | | | | | | |
|  | Recommendation: “your-IRT-email-address@your.domain” | | | | | | | | | | |
|  | Email Address (mandatory): | | | |  | | | | | | |
|  | IDD Facsimile Number (optional): | | | | | | |  | | | |
|  | **\*** World Wide Web Server (optional): | | | | | | | |  | | |
|  | Postal Mailing Address (mandatory): | | | | | | | |  | | |
|  |  | | | | | | | | | | |
|  | APCERT representative (apcert-rep).  This person will be responsible for providing information to the sponsor and the APCERT secretariat when required during the membership application process. Once the application has been approved, this person will be responsible for keeping the teams contact information up to date and to represent its team during APCERT general meetings | | | | | | | | | | |
|  | Name of the person: | | |  | | | | | | | |
|  | Contact telephone number: | | |  | | | | | | | |
|  | Recommendation: “apcert-rep@your.domain” | | | | | | | | | | |
|  | Email Address (mandatory): | | |  | | | | | | | |
|  | Aliases to be included in APCERT mailing lists  APCERT-TEAMS mailing list: apcert-teams@apcert.org  Recommendation: “apcert-team@your.domain” | | | | | | | | | | |
|  | Email Address (mandatory): | | | | |  | | | | | |

1. Services
   * Education & Training
   * Vulnerability analysis
   * Malware analysis
   * Forensic analysis
   * Incident response support
   * Incident response coordination
   * Vulnerability response coordination

Specify available proactive services using the following list

* Announcements (intrusion and vulnerability warnings and advisories)
* Technology watch
* Security audit
* Trend and neighbourhood watch
* Configuration/maintenance of security tools
* Development of security tools
* Provision of intrusion detection services

Specify security quality management services, using the following list

* Risk analysis
* Business consulting
* Awareness building
* Training
* Product evaluation
* Provision of intrusion detection services

1. Please provide the details on how you are going to support and contribute to the activities and operations of the APCERT community:

* Facilitate workshops for Operational Members
* Sponsor Fellowships for Conference attendance
* Sponsor Fellowships for Training and Workshop attendance
* Provide advisory content following cyber security incidents
* Provide expertise and resources to help evaluate cyber resilience capabilities
* Provide educational material
* Other

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1. Are your PGP Key revocation certificates created and stored in a safe place?

* Yes
* No