**Asia Pacific Computer Emergency Response Team**

**(APCERT)**

**Application Form for a STRATEGIC Partner**

**Strategic Partners**

Strategic Partners are governments or not-for-profit organizations—not Computer Security Incident Response Team / Computer Emergency Response Team (**CSIRT / CERT**)—that provide cyber security or internet-related services. Strategic Partners include entities such as Internet registries, law enforcement agencies, network operators and collaborative cyber security groups.

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 (STRATEGIC PARTNER)
* Official team name (Item 1)
* Short Team name (Acronym) (Item 2)
* Team constituency (Item 8)
* Contact information (Item 12.1, 12.2, 12.3 and 12.4)

To qualify as a Strategic 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 government or not-for profit organization that provides internet-related services (e.g. domain registry or internet address allocation) or carries out particular cyber security functions (e.g. multilateral national and leading CERT groupings, law enforcement or other cyber security function)? | * 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, and are able, to protect information provided by APCERT and its members appropriately in line with the TLP? | * Yes * No |
| 1. Is your application sponsored by three existing APCERT Operational Members? | * Yes * No |
| 1. Do you consent to signing an MoU with APCERT? | * Yes * No |
| 1. Do you agree to advise the APCERT Steering Committee (**SC**), within a reasonable time period, if at any time you cannot meet the above criteria? | * 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 2

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

APPLICANT

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Official Team Name\*: | | | | | | |  | | | | | |
|  | Short Team Name\* (Acronym): | | | | | | | | | | |  | |
|  | Host or Parent Organization (if the team is decentralized, list all host organizations): | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | Economy where the Organization is located (if multiple offices exist, list all locations): | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | Date of Establishment: |  | | | | | | | | | | | |
|  | Funding Model\* (check one or more) | | | | | | | | | | | | |
|  | * Wholly Government Funded * Partially Government Funded * Subscription based * Other (please specify below) | | | | | | | | | | | | |
|  | Other type of funding model: | | | | | |  | | | | | | |
|  | Type of Organization | | | | | |  | | | | | | |
|  | * Law Enforcement * Ministry/Government Body * International Organization * Research & Development organization * Other (please specify below) | | | | | | | | | | | | |
|  | Other type of organization: | | | | | | | | |  | | | |
|  | Team Constituency\* (check one or more): | | | | | | | | | | | | |
|  | * Economy based * Government Network * Critical Infrastructure * University based * Other (please specify below) | | | | | | | | | | | | |
|  | Other type of constituency: | | | | | |  | | | | | | |
|  | Explain the details of your customers or clients that are targeted to receive your services: | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Mission Statement: | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Specify the authority or customer base if possible. (Please explain about your constituency.): | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Remarks  [Note: Please use the space below to address any issues or explanations in support of this application.] | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  | Contact Information (The information from 11.1 through 11.4 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): | | | | | | | |  | | | |
|  | * 1. \* World Wide Web Server (optional): | | | | | | | | | |  | |
|  | * 1. Postal Mailing Address (mandatory): | | | | | | | | | |  | |
|  | * 1. 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 representing its team during APCERT General Meetings | | | | | | | | | | | |
|  | Name of the contact person: | | |  | | | | | | | | |
|  | Contact telephone number: | | |  | | | | | | | | |
|  | Recommendation: “apcert-rep@your.domain” | | | | | | | | | | | |
|  | Email Address (mandatory): | | |  | | | | | | | | |
|  | * 1. 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. Reference: Please ensure you have attached evidentiary documents of your experience working as a government or not-for profit organisation that provides internet-related services or carries out particular cyber security functions.

* Attached
  + Not attached

1. Services

* Education & Training
* Investigation
* Prosecution
* Research & Development
* Policy Making

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

* Yes
* No