This form is to be filled out in concert by the Organization Seeking Certification (OSC) and the Certified Third Party Assessment Organization (C3PAO). The signatures on the form come from a representative of the OSC and the C3PAO shall review and agree as indicated by submitting this form to the CMMC Accreditation Body (CMMC-AB).

|  |  |
| --- | --- |
| Name of the OSC: | Click or tap here to enter text. |
| Address of the OSC | Address  Address  City  State  Zip Code |
|  | |
| Name of the C3PAO: | Click or tap here to enter text. |
| Address of the C3PAO: | Address  Address  City  State  Zip Code |
|  | |
| Targeted CMMC level: | Click or tap here to enter text. |
| Primary Location of the Assessment: | Click or tap here to enter text. |
| Scope for the Assessment | Click or tap here to enter text. |
| Commercial and Government Entity (CAGE) Codes that are part of the scope | Click or tap here to enter text. |
| CAGE Codes that are not in-scope and why | Click or tap here to enter text. |
|  |  |
| Practices that are Not Applicable | Check to indicate that the OSC has practices that are in full or in part not applicable. By checking this box it is expected that you will complete the associated appendix. |
| Practices that are Inherited | Check to indicate that the OSC employs practices in full or in part that are inherited from another entity (e.g. MSP). By checking this box it is expected that you will complete the associated appendix. |
| CUI Confirmation | Check to indicate that CUI only exists within the Scope above. If not please complete the explaination section below. |
| Explanation for not checking the CUI Confirmation | Click or tap here to enter text. |
| Assessor Assigned: | Click or tap here to enter text. |
| Assessor Timeline (tentative date range): | Click or tap here to enter text. |
| OSC Coordinating Official Name: | Click or tap here to enter text. |
| OSC Coordinating Official Title: | Click or tap here to enter text. |

The information on this form is accurate to the best of my knowledge. By signing the form below we represent that the scope and timeline above represents our full understanding and intention to make best efforts to maintain the scope and timeline for the assessment. Furthermore, we agree to follow the code of conduct as we participate in the assessment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the OSC Coordinating Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the C3PAO Official Date

Complete for all practices that are partially or fully not applicable. Provide a high-level rationale or explanation.

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| **Practice Reference ID** | **Partially / Fully N/A** | **Rationale** |
| AC.1.001 | Fully |  |
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Complete for all practices that are partially or fully not applicable. Provide a high-level rationale or explanation.

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| **Practice Reference ID** | **Partially / Fully Inherited** | **Entity Inherited From** | **Rationale** |
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