

WLA-SCS Declaration of Assessment Form

Notification of pending assessment

1. WLA member

WLA member	
Address (This address will be used to send the hard copies of the WLA-SCS certificate. If a different delivery address should be used, please specify in this field.)	
Contact person	
Email address	
Phone number	

2. WLA-SCS and ISO/IEC 27001 certificates

WLA-SCS certificate number	
WLA-SCS expiry date	
ISO/IEC 27001 certificate number*	
ISO/IEC 27001 expiry date	
ISO/IEC 27001 certifying body	

* For WLA-SCS Level 1 assessments please leave this area blank.

3. ASE and auditor information

ASE	
Address	
Auditor	
Email address	
Telephone number/s	

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4. WLA-SCS assessment notification

Type of assessment:	<input type="checkbox"/> Initial certification	<input type="checkbox"/> Annual review	<input type="checkbox"/> Recertification
Type of certificate requested:	<input type="checkbox"/> WLA-SCS:2020 Level 1	<input type="checkbox"/> WLA-SCS:2020 Level 2 (requires ISO/IEC 27001)	
Standard used:	<input type="checkbox"/> WLA-SCS:2016	<input type="checkbox"/> WLA-SCS:2020	

Intended date/s of the assessment	
Number of premises in the scope	

The assessment foresees a physical visit to all the premises: Yes No

If the assessment does not foresee a physical visit to all premises, please state the reason.

5. Additional notes and communications

6. Signatures

Auditor	
Date	Signature

WLA member	
Date	Signature