**EGI CheckIn identity provider registration request form**

*This form needs to be filled and signed by the representative of an Organisation that wishes to integrate its Identity Provider (IdP) with the EGI AAI platform “CheckIn”. A scan of the form needs to be sent electronically to* *operations@egi.eu*

The Organisation [Organisation name],

considering that

1. the Organisation wishes to connect its authentication system to CheckIn in order for its users to obtain access to the EGI services connected to CheckIn,
2. the CheckIn service collects information to fulfil its requirements with respect to EGI policies and procedures by way of information provided by the Organisation via its identity management systems,

agrees to comply with the requirements that the EGI policies and procedures place upon acceptable authentication sources, in particular with respect to the release of at least one designated identifier, unique and not re-assignable, as specified in the [REFEDS Research and Scholarship Entity Category](https://refeds.org/category/research-and-scholarship) definition, together with a minimum subset of attributes as described in the [IdP integration guide](https://wiki.egi.eu/wiki/AAI_guide_for_IdPs#Attribute_release), and with respect to management of and cooperation in incident response, materially equivalent to [Sirtfi version 1.0](https://www.refeds.org/SIRTFI).

The registered unique identifier of the organisation IdP is: [SAML entityID or OpenID Connect Issuer URI]

The meta-data information registry is: [URL]

The colloquial name of the organisation is: [organisation display name]

The unique non-reassigned user identifier is: [SAML attribute or OpenID Connect claim]

The operational contact is: [(group) name and contact details]

The security incident response contact is: [CSIRT mail address], [CSIRT phone number]

Signed on behalf of the Organisation by:

Name: […]

Title: […]

Date & Place: […]

Signature: