



**Council of Registered Ethical Security Testers
Company Membership Application Form**

SECTION 1 : Membership Application Overview

Please complete all the sections relevant to your organisation. We recognise that our categories may not quite fit the nature of your own organisation so please do not hesitate to contact CREST on 0845 6865542 or via admin@crest-approved.org if you have any queries. We ask for a considerable amount of information not only to help the membership committee in their assessment of your application but also to help us in providing the most appropriate services for you. All information will only be used within CREST and not shared with other members or any third parties, with the exception of information provided under Section 7: Marketing Details. Further information about CREST is available on our website at www.crest-approved.org

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS – THANK YOU

Once completed the form should be posted to the address below along with the non-refundable application fee. Upon successful application, an invoice for the full membership fee will be issued.

Address:

CREST
Abbey House
18 – 24 Stoke Road
Slough
Berkshire
SL2 5AG

Application Pack Contents

SECTION 1 : Membership Application Overview1

SECTION 2 : Organisation Details.....4

SECTION 3 : Quality Processes6

SECTION 4 : People.....8

SECTION 5 : Approach to Performing Testing.....10

SECTION 6 : Contact Details.....14

SECTION 7 : Marketing Details.....15

SECTION 8 : Billing.....17

SECTION 9 : Application Processing Payment18

SECTION 10 : Declaration19

SECTION 11 : Document Checklist.....21

SECTION 2 : Organisation Details

Please complete this section with details of the legal entity applying for membership of CREST.

The entity should be that which will enter into contracts to provide penetration testing services to clients. under the CREST rules.

This information will be used to verify the identity and status of the organisation and will not be used for marketing purposes.

Name of Organisation	<input type="text"/>
Trading Name (if different)	<input type="text"/>
Registered Office Address	<input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Telephone (Switchboard)	<input type="text"/>
Fax (Main Office)	<input type="text"/>
Website	<input type="text"/>
Company Registration Number	<input type="text"/>
VAT Number	<input type="text"/>

Is organisation publicly listed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Dunn and Bradstreet (DUNS)	<input type="text"/>			
Legal status (Ltd, LLP, etc)	<input type="text"/>			
Total number of years trading as this legal entity	<input type="text"/>			
Number of years accounts available	None	1-3 Years	>3 years	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of years delivering security testing services relevant to CREST membership application.	<input type="text"/>			
Level of Professional Indemnity	None	< £500k	< £2.5m	>= £2.5m
Insurance Held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to comply with and be bound by UK law	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 3 : Quality Processes

CREST membership is intended to provide a level of confidence to customers that member organisations operate at a certain level of quality. This section is intended to assess the processes and procedures put in place by an organisation to provide and maintain the standard of quality.

Do you have documented quality procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title of document(s)	<input type="text"/>	
Do you have the following that cover security testing processes/delivery:		
Recognised quality standard certification (ISO9001)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certification Details	<input type="text"/>	
A certified Information Security Management System (ISO 27001)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certification details	<input type="text"/>	
Documented information security management processes and procedures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title of document(s)	<input type="text"/>	
Documented client acceptance procedure that includes as a minimum credit checks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Title of document(s)	<input type="text"/>	

Contracts include a clear statement on the relevant legislation in compliance with the CREST standards	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Client complaint handling process	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Title of document(s)	<input type="text"/>			
Will your complaint handling process link to the CREST mediation process and do you agree to comply with its findings	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

SECTION 4 : People

Please complete this section with details of the policies and procedures you follow in ensuring staff are reputable and have the necessary skills to perform security penetration testing.

Do you have a documented Joiners and Leavers process	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have a formal training and development programme for your staff engaged in security testing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have a formal vetting process for all staff	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
As a minimum does your vetting process include the following checks; identity, verification of CV, credit check, criminal convictions/cautions check	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
To what level do you vet the following staff:	Company Std.	HMG CTC	HMG SC	HMG DV	Police
Security testers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff with access to reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT Staff who could obtain access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please confirm that you will notify CREST of all Joiners and Leavers of CREST professionals within 5 days	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Do you have a process in place to audit your testers adherence to your testing methodology	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

How many CHECK Team Leaders do you have	<input type="text"/>
How many CREST Associates do you have	<input type="text"/>
How many other Consultants do you have who regularly conduct security testing	<input type="text"/>

SECTION 5 : Approach to Performing Testing

Please complete the following section with details of how you prepare and perform security testing. Where possible include cross-references to your internal documentation

Can you confirm that your internal testing methodology includes the following:		
A clear definition of how the [penetration test] scope will be obtained and recorded	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear definition of how the [penetration test] scope will be formally agreed with the customer and how this agreement will be documented and recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement on the use of Non-disclosure Agreements (NDAs) to govern information protection and disclosure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear definition of the information to be collected from the customer and a clear statement of how this will be recorded and protected.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear definition of the types of actions or techniques permitted and those that are not.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement on the implications of the Data Protection Act and the Human Rights Act article 8, "The right to respect for private and family life," and actions required to prevent a breach of either of the acts.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement on the implications of the Computer Misuse Act (and equivalents) and actions required to prevent a breach of the act	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear definition of how penetration tests should be conducted.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement that governs adherence to the scope.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	

A clear penetration testing process that covers Setup	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
Enumeration – Network mapping and identification of targets within scope.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
Analysis – Network and vulnerability scanning, application testing, configuration reviews, information collation and assessment.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
Exploitation – Testing of the identified vulnerabilities.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement that governs which classes of issues should be raised with the customer, within which timeframes, and the format within which the issues should be raised.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement governing the advice given to the customer’s security team, prior to the test commencing, about the events they may find in their logs or on their IDS	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement on the required liaison between the penetration testers and the customer’s security team during the test.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement detailing how the testers will respond to unexpected or adverse events.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement detailing the types and levels of information that the testers should report during the wash-up meeting.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				
A clear statement detailing the report format plus references to templates and potentially other documentation standards.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i> <input type="text"/>				

A clear statement detailing the permitted communications to other company personnel who are not directly involved in the test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement detailing the permitted communications to external agencies and organisations.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement detailing how penetration testers will prevent previous results affecting current or future tests.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement detailing the anti-virus software and processes to ensure that the penetration test attack platforms are free from malicious software prior to the test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement detailing the anti-virus software and processes to prevent the penetration test attack platforms from being infected with malicious software during the test.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement detailing the processes to prevent the targets being infected with malicious software originating from the attack platform.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement that protects the targets from unexpected and undesired Denial of Service (DOS) conditions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement that details the company's approach to Denial of Service testing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement that details how the company tests its tools prior to using them on tests	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	
A clear statement that details how the company protects against using tools with hidden malicious software, such as Trojan horses.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>	

A clear statement detailing the use of screen locks during short periods of absence (i.e. while getting a drink).	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing network protection mechanisms (firewalls, for instance) in use on the attack platforms to prevent network compromise.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing how the attack platforms should be stored to prevent compromise.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing the shipping methods that are appropriate for different classes of information and all combinatorial measures that are to be employed.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing how the information is protected from other personnel who are not connected to the test.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing how the information will be archived and removed from both the reporting environments and the attack platforms.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			
A clear statement detailing the protection applied to the archived information.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<i>Document ref (title/section & page no.)</i>	<input type="text"/>			

SECTION 6 : Contact Details

Please complete this section with details of the principal contact to which all correspondence should be addressed. E-mail will be the primary method of contact, so please ensure the address given is correct. All personal information will be held and processed in line with the UK Data Protection Act.

If you wish to include a secondary contact, then please repeat this section with their contact details, identifying them as the secondary contact.

Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other:"/>
Last / Family Name	<input type="text"/>
First / Given Name(s)	<input type="text"/>
Job Title	<input type="text"/>
Postal Address	<input type="text"/> <hr/> <hr/> <hr/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Direct Telephone	<input type="text"/>
Mobile	<input type="text"/>
Fax	<input type="text"/>
E-mail Address	<input type="text"/>

Please ensure above e-mail address is correct.

SECTION 7 : Marketing Details

The CREST website will provide contact details of all CREST member organisations. Please complete this section with contact details for your organisation which will be publicly listed on the CREST website (www.crest-approved.org).

Title	<input type="text" value="Mr / Mrs / Miss / Ms / Other:"/>
Last / Family Name	<input type="text"/>
First / Given Name(s)	<input type="text"/>
Job Title	<input type="text"/>
Postal Address	<input type="text"/> <hr/> <input type="text"/> <hr/> <input type="text"/> <hr/> <input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail Address	<input type="text"/>

In order to assist customers in selecting a CREST member with the relevant skills for a particular type of test, please select which types of tests your organisation can perform.

Types of security penetration tests undertaken:			
Web	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Network	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Application	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
VoIP	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
PBX	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Physical	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Source Code Review	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Wireless	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
PCI Compliance Testing	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Remote Access Assessments	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
VPN Assessments	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
System Build Reviews	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
<i>Other (please specify)</i>	<input type="text"/>		
<i>Other (please specify)</i>	<input type="text"/>		
<i>Other (please specify)</i>	<input type="text"/>		
<i>Other (please specify)</i>	<input type="text"/>		
<i>Other (please specify)</i>	<input type="text"/>		

SECTION 8 : Billing

Upon successful application to CREST, an invoice for the full membership fee will issued. Please complete this section with details of where invoices should be sent. If you require a specific process to be followed then please provide details in the box at the bottom. Subsequent renewal invoices will also use these details.

Billing Contact	<input type="text"/>
Postal Address	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
E-mail	<input type="text"/>
Further information	<input type="text"/>

SECTION 9 : Application Processing Payment

CREST member applications will only be processed when the non-refundable application processing fee has been paid. This fee covers our costs in processing the application (eg performing a credit check). Upon successful application an invoice will be issued using details provided in the section above, Full Membership will commence upon payment of this invoice. Please complete this section with details of the application processing fee. *If payment is made electronically, then please include a unique Bank transfer reference in order that we can track your payment (e.g. organisation/day/month).*

Bank Transfer Reference	<input type="text"/>
Cheque Number (enclosed)	<input type="text"/>
Purchase Order Number	EXISTING MEMBERS ONLY
Other Details	<input type="text"/> ----- ----- -----
Receipt / Invoice to	Agent <input type="checkbox"/>
	Billing <input type="checkbox"/>

SECTION 10 : Declaration

Definitions

The following terms have specific meanings in relation to this application form.

1. 'CREST' and 'The Council' refer specifically to the Council of Registered Ethical Security Testers a Not for Profit organisation registered in England and Wales, registration number 06024007 and governed under articles of association entitled Memorandum of Association.
2. 'the company', 'your organisation' refers specifically to the company, corporation, partnership or organisation by which the signatory of this document is employed at the time of signing.

Statement of Compliance

I, the undersigned, confirm that the information provided in this application form is accurate and that any errors in this submission could lead to expulsion from CREST.

Furthermore, I understand and accept that prior to this membership application being accepted CREST reserves the right to verify the company's methodology, code of conduct and other documentation as required in order to confirm its acceptability to The Council.

Furthermore, I understand and accept that compliance with the CREST Code of Practice, Code of Conduct and other documentation is a condition of the company's membership to The Council and that The Council may suspend or exclude the company from membership to The Council if the company is found to be in breach of the terms of membership.

Provision of Assessors

I further confirm that the company will provide suitable technical person(s) in support of CREST examinations for up to 10 man days per year. I understand that CREST will provide 6 weeks notice of the requirement and that the company will be reimbursed at the prevailing CREST rate.

This Form must be signed by a Director/a Partner/the Proprietor of the Applicants' Business. By signing this declaration, you are agreeing that your organisations marketing details (as provided in Section 7) may be listed on the CREST website upon successful application. If you do not wish your organisation to be included on the website then please state below.

Signature of Officer	<input type="text"/>
Print Name	<input type="text"/>
Position Held	<input type="text"/>

Date	<input type="text"/>
-------------	----------------------

Completeness and accuracy

Signature of Agent	<input type="text"/>
Print Name	<input type="text"/>
Date	<input type="text"/>

SECTION 11 : Document Checklist

The following documents will be required prior to the application being processed.

- Copy of professional indemnity insurance certificate or company letter confirming level of professional indemnity insurance.
- Copy of sample security penetration testing contract, including terms and conditions.
- Copy of any standards compliance certificates (e.g. ISO27001, ISO9001)

In the event of a membership application not meeting the guidelines, further supporting evidence will be requested for review, prior to a decision being made.