



TDIF Exemption Request Form

Details

Participant Name:	Reference:		
Start Date:	Applicability:	Attribute Service Provider	Credential Service Provider
End Date:		Identity Service Provider	Identity Exchange

TDIF Details

TDIF Document	TDIF version no.	Requirement reference
<input type="checkbox"/> 03 – Accreditation Process		
<input type="checkbox"/> 04 – Functional Requirements		
<input type="checkbox"/> 05 – Role Requirements		
<input type="checkbox"/> 06 – Federation Onboarding Requirements		
<input type="checkbox"/> 06B – OpenID Connect 1.0 Profile		
<input type="checkbox"/> 06C – SAML 2.0 Profile		
<input type="checkbox"/> 07 – Annual Assessment		

Justification for exemption request:

Mitigation measures:

Alternative mitigation measures:

Applicant system risk assessment:

Approval

Applicant Point of Contact

Name:	Phone:
Position:	Email:

Applicant Internal Authority Approval

Name:	Signature
Position:	
Date:	

DTA Approval

Name:	Signature
Position:	
Date:	