



**ONLINE DRIVER EDUCATION PROGRAM
ATTESTATION OF COMPLIANCE**

INSTRUCTIONS FOR SUBMISSION

This document must be completed by all certified Ohio Department of Public Safety (ODPS) Online Driver Education Program providers who have previously completed the initial security assessment process. An attestation of compliance is required six (6) months from the date of the provider's original certification date. Subsequent attestations are then required annually to renew. Complete all applicable sections and return a signed and notarized copy of this document to:

Driver Training Program Manager
 Driver Training Program Office
 Ohio Department of Public Safety
 1970 West Broad Street
 Columbus, Ohio 43223

SECTION 1: PROVIDER INFORMATION

PROVIDER NAME			DBA(s)
CONTACT NAME			TITLE
PHONE			EMAIL
BUSINESS ADDRESS			CITY
STATE / PROVINCE	COUNTRY	ZIP	URL

SECTION 2: SECURITY CONTROLS VALIDATION

REQUIREMENT	CATEGORY	CHANGE? (CHECK ONE)	RISK MITIGATION ACTIONS
1	Inventory and Control of Enterprise Assets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Inventory and Control of Software Assets	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Data Protection	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4	Secure Configuration of Enterprise Assets and Software	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5	Account Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6	Access Control Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	
7	Continuous Vulnerability Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 2: SECURITY CONTROLS VALIDATION (Continued)

REQUIREMENT	CATEGORY	CHANGE? (CHECK ONE)	RISK MITIGATION ACTIONS
8	Audit Log Management	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9	Email and Web Browser Protections	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10	Malware Defenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11	Data Recovery	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12	Data Loss Prevention	<input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 3: ACKNOWLEDGMENTS

SIGNATURE OF THE AUTHORIZING OFFICIAL X	DATE OF SIGNATURE
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The foregoing instrument was acknowledged before me by _____
NAME OF PERSON ACKNOWLEDGED

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,

State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____