# CLAIMS TESTING APPLICATION FORM

**FORM NUMBER:** _____

**ADISA®**

## SECTION 1 – APPLICANT INFORMATION

Company Name: _____

Address: _____

**General Contact**

Name: _____

Phone: _____

Mobile: _____

E-Mail: _____

## SECTION 2 – APPLICANT SOFTWARE INFORMATION

Manufacturer: _____

Version of software: _____

Version of user manual: _____

Algorithm to be used: _____

**Please describe the means of deployment for your software/hardware product:**

**Please list the equipment you are intending to ship to execute the test, or the means to access/download your software tool:**

## SECTION 3 – MEDIA WHICH YOUR PRODUCT IS TO BE TESTED ON

**ADISA Threat Matrix**

| RISK LEVEL | THREAT ACTOR AND COMPROMISE METHODS | TEST LEVEL |
|---|---|---|
| **1** (Low) | Casual or opportunistic threat actor only able to mount high-level non-invasive and non-destructive software attacks utilising freeware, OS tools and COTS products.<br><br>Commercial data recovery organisation able to mount non-invasive and non-destructive software attacks and hardware attacks. | **1** |
| **2** (Medium) | Commercial computer forensics organisation able to mount both non-invasive/non-destructive and invasive/ non-destructive software and hardware attack, utilising COTS products.<br><br>Commercial data recovery and computer forensics organisation able to mount both non-invasive/non-destructive and invasive/ non-destructive software and hardware attack, utilising both COTS and bespoke utilities. | **2** |
| **3** (High) | Government-sponsored organisations or an organisation with unlimited resources and unlimited time capable of using advanced techniques to mount all types of software and hardware attacks to recover sanitised data. | **3** |

## SECTION 4 – THE CLAIM

I, _____ of _____ confirm that the information outlined in this document is an accurate and true reflection of the claims made by our product wishing to undergo the ADISA testing method.

Signed on behalf of  _____

SIGNED:    *Gareth Owen*

NAME:      _____

TITLE:     _____

DATE:      _____

## ACCEPTANCE

**Claim Accepted by:**

_____

SIGNED:

NAME:      _____

TITLE:     _____

DATE:      11.05.2022 _____