Certification is required for the following reason(s):
XX New System __ Major system modification __ Increased system data sensitivity level __ Serious security violation __ Changes in the threat environment __ Expired Accreditation __ Other _____

Name of System **DSHS Registry Plus (Reg+) System**

By my signature below, I, the Business Owner/Manager for the DSHS Registry Plus (Reg+) System, attest that the appropriate technical certification evaluations have been conducted successfully.

This certification is based on the contents of documents cited in the attached certification checklist. I have examined the controls implemented for this system and consider them adequate to meet agency policy and the relevant business requirements. I also understand and accept the risk inherent in processing on a network or at the location(s) that supports this system, particularly where the support system is operated outside of my management control.

I recommend approval to operate this system: with ☐ without ☒ deficiencies.

A Plan of Action with Milestones to resolve deficiencies: ☐ is required and attached ☒ is not required.

In compliance with agency policy, a risk/vulnerability assessment will be conducted annually to validate DSHS Information Security Certification and Accreditation compliance requirements. The system security plan will also be reviewed and revised annually, at a minimum, or whenever changes in the system warrant an update.

APPROVED: Date: 6/6/2013

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