The web service provider ISO is to send the completed form (including consumer information and signatures) by email to DTI_SIEH_Team@state.de.us.

Please **TYPE** all information except for required signatures/signature dates.

All sections must be completed in order for the form to be properly processed. Any form that does not have the appropriate information and authorized signatures will be returned to the web service contact to be corrected and resubmitted.

A DTI Network Firewall Request (ISF-92) maybe required in order for the web service to be implemented. Upon reviewing the web service request the DTI SIEH team will notify the web service contact if a network firewall request is required and, if so, will provide the pertinent information for that request.

To help the DTI SIEH Team fully understand and expedite the processing of your request a high level process flow diagram of the web service from end to end is **highly recommended** but not required.

Please allow 5 business days for the web service request to be reviewed by the SIEH team. Upon completion of the review, a SIEH team member will contact the web service provider and inform them if the web service request has been approved or denied. If approved, they will give an estimated implementation time for the web service. If denied, they will provide reasons for the denial via email or phone call.

1. **Web Service Contact Information:Requester**

Web Service Contact Information - Requester			
Name (Last, First, MI):	1.1	Producer Type:	1.2
Phone Number: 1.3	E-Mail Address: 1.4		
Agency Name: 1.5		DDS or EIN:	1.6
Signature: 1.7		Date:	1.8

This is the person who is responsible for the support of the web service from the provider. This is the person who will be contacted if there is a problem with the WSDL or implementation of the web service.

1.1. Name: Enter the last name, first name, and middle initial of the person who is responsible for the maintenance of the web service. This would be the person the SIEH team would contact if they have questions, concerns, or issues.

1.2. Producer Type: Indicate if the web service provider is a Delaware state agency, the federal government, Delaware local government (includes county), or a private sector company (this includes non-profits). This can be left blank if the web service is being made publicly available.

1.3. Phone Number: Enter the work telephone number of the person who is responsible for the maintenance of the web service.

1.4. Email Address: Enter the work e-mail address of the person who is responsible for the maintenance of the web service.

1.5. Agency Name: Enter the full agency name (department, division, section).

1.6. DDS or EIN: Enter the state standard agency DDS ID number (Department, Division, and Section). If the web service provider is not a Delaware state agency, then enter the Employer Identification Number (EIN). This information will not be distributed, displayed, included in any reports, or shared in any manner.

1.7. Requesters Signature: must be singed. Once the form is filled out, print and obtain all required signatures.

1.8. Date of Signature: Include the date the form is signed.

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2. Web Service Contact Information: Requester Agency Information Security Officer (ISO)

Web Service Contact Information – Requester's Information Security Officer		
Name (Last, First, MI):	2.1	
Phone Number: 2.2	E-Mail Address:	2.3
Signature: 2.4	Date:	2.5

2.1. Name: Enter the last name, first name, and middle initial of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

2.2. ISO Phone Number: Enter the work telephone number of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

2.3. ISO Email Address: Enter the work internet email address of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

2.4. ISO Signature: Once the entire form is completed, the Information Security Officer of the agency is to sign the form. This information can be left blank for web service providers who are not Delaware state agencies.

2.5. ISO Date: Once the entire form is completed, the Information Security Officer is to enter the date that they signed the form. This information can be left blank for web service providers who are not Delaware state agencies.

3. Web Service Provider Information

This is the information needed in order to set up the connections for the web service thru the DTI Secure Information Exchange Hub.

Web Service Provider Information			
Is this request for: 3.1 ○ Test ○ Production			
Change Type: 3.2 ○ Add ○ Delete ○ Modify Service ○ Modify Consumer IP			
Access Limitations: 3.3 ▾	Date (Temp): 3.4	End Date:	
Service Type: 3.5 ⦿ SOAP ○ REST	3.6 WSDL Location: ☐ See Attached	☐ URL Provided	

3.1. Is this request for: Is the request for test or production? This question must be answered so the SIEH team knows what set of appliances to perform work on.

> Please note: It is standard practice to implement a service on the TEST XML Firewall and to test it there before requesting implementation of the associated PRODUCTION service. If requests for TEST and PRODUCTION implementations, or modifications, are both received at the same time we will first process TEST and will wait for confirmation of successful testing before processing PRODUCTION.

3.2. Change Type: Indicate if you are adding a new web service, deleting a current web service, modifying an existing web service or modifying the consumer IPs for an existing service. It is the responsibility of the Web Service Contact: Requester (1.1) to notify all consumers of the web service if it is being deleted or modified.

3.3. Access Limitations: Indicate if the web service is to be implemented continually or on a temporary basis.

3.4. If Temporary: If Access Limitations are selected as "Temporary" there must be start and end dates.

3.5. Service Type: Check as appropriate to indicate if the service being added or modified is a SOAP service or a REST service.

3.6. WSDL Location: Must be provided for a SOAP service. Indicate whether the WSDL is attached to the email

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that will be sent to the SIEH Team, or at a URL (must be fully qualified domain name with path, not just a server port). (Both may be checked).

WSDL or REST URL:	3.7
Description:	3.8
Rules to apply	3.9
Provider Application IP Address:	3.10

3.7. WSDL or REST URL: Provide WSDL URL if "URL Provided" is checked in 3.5. If REST is selected in 3.45, provide the base URL for the REST service.

3.8. Description: Complete a detailed description of the purpose of the web service. Include the type of information (i.e.: driver's license, credit card, traffic summaries, etc.) that will be passed in the web service. If this is a modification indicate what is being modified in the web service.

3.9. Rules to apply: Indicate rules that need to be applied to the web service. If this is a modification, indicate what rules need to be changed, added, or deleted.

3.10. Provider Application IP Address: Include the provider (server) application IP address.

Consumer Application IP Address:		3.11			
Consumer Application Name:		3.12			
Max Message Size:	3.13	# of Messages:	3.14	Publicly Available:	3.15
Required Availability:	3.16	Schedule Time:		Schedule Frequency:	
WSDL WSI Compliant:	3.17	WSDL Document Literal:	3.18		
Data Classification:	3.19	Provider SSL:	3.20	Consumer SSL:	3.21

3.11. Consumer Application IP Address: Include the consumer (client) application IP address. This information can be left blank if this is a publicly available web service.

3.12. Consumer Application Name:

3.13. Max Message Size: Indicate the maximum expected message size.

3.14. Anticipated # of Messages: Indicate the anticipated number of messages expected in a 24 hour period.

3.15. Publicly Available: Indicate if the web service is to be made publicly available (available to all consumers). If a web service is made publicly available there is no control over who can access and use the web service. In

order for a web service to be publicly available the data classification must be public.

3.16. Required Availability: Indicates if the web service will be used continually (available whenever a consumer calls it) or on a scheduled basis. If scheduled, the time and frequency must be completed.

3.17. WSDL WSI Compliant: If known, indicate if the WSDL is WSI compliant. If no, the web service will not be implemented in the DTI SIEH. A free tool called SoapUI may be used to verify if a WSDL is WSI compliant. For more information on WSI compliance **http://www.ws-i.org/docs/20041130.introduction.ppt.**

3.18. WSDL Document Literal: All web services provided by Delaware state agencies must be Document/Literal style.

3.19. Data Classification: Select the appropriate data classification. If the data classification is "public" then the web service can be made publicly available. All other classifications require known consumers. Please Note: The provider and consumer must both be SSL if the data classification is anything other than public.

3.20. Provider SSL: Indicate if communication between the Exchange Hub and the Service Provider (server hosting the web service) is to be SSL.

3.21. Consumer SSL: Indicate if communication between the Client (application consuming the web service) and the Exchange Hub is to be SSL.

4. Web Service Consumer Contact Information

This is the person who is responsible for the support of the web service for the consumer. This is the person who will be contacted if the provider makes a change to the web service.

This section can be left blank if the web service is being made publicly available (in which case you may not know who will be the consumer).

Web Service Consumer Contact Information		
Name (Last, First, MI): 4.1	Consumer Type:	4.2
Phone Number: 4.3	E-Mail Address: 4.4	
Agency Name: 4.5	DDS or EIN:	4.6
Signature: 4.7	Date:	4.8

4.1. Name: Enter the last name, first name, and middle initial of the person who is responsible for receiving the web service. This would be the person the SIEH team would contact if they have questions, concerns, or issues.

4.2. Consumer Type: Indicate if the web service consumer is a Delaware state agency, the federal government, Delaware local government (includes county), or a private sector company (this includes non-profits).

4.3. Phone Number: Enter the work telephone number of the person who is responsible for receiving the web service.

4.4. Email Address: Enter the work internet email address of the person who is responsible for receiving the web service.

4.5. Agency Name: Enter the full agency name (department, division, section).

4.6. DDS or EIN: Enter the state standard agency id, the DDSS. If the web service consumer is not a Delaware state agency, then enter the EIN for the "Agency DFMS ID". This information will not be distributed, displayed, included in any reports, or shared in any manner.

4.7.   Signature: Consumer Contacts signature.

4.8.   Date: Consumer Contacts date of signature.

5.   Web Service Consumer Information Security Officer's Contact Information

Web Service Consumer Information Security Officer's Contact Information		
Name (Last, First, MI):	5.1	
Phone Number: 5.2	E-Mail Address:	5.3
Signature: 5.4		Date: 5.5

5.1.   ISO Name: Enter the last name, first name, and middle initial of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

5.2.   ISO Phone Number: Enter the work telephone number of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

5.3.   ISO Email Address: Enter the work internet email address of the Information Security Officer for the agency. This information can be left blank for web service providers who are not Delaware state agencies.

5.4.   ISO Signature: Once the entire form is completed, the Information Security Officer of the agency is to sign the form. This information can be left blank for web service providers who are not Delaware state agencies.

5.5.   ISO Date: Once the entire form is completed, the Information Security Officer is to enter the date that they signed the form. This information can be left blank for web service providers who are not Delaware state agencies.