

# Application for Permission to Use the Interoperability Platform

**Application Form** 

15.12.2022



### **Application Form**

[Tarkenne]

1 (7)

[Numero]

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# **Application for Permission to Use the Interoperability Platform**

### 1 General

With this form you can apply for an organization level permission to use the tools of the Interoperability Platform.

An organization is to fill in one application form, which grants rights for all tools of the Interoperability Platform.

The terms and conditions of the service can be found at https://www.suomidigi.fi/ohjeet-ja-tuki/yhteentoimivuusalusta/yhteentoimivuusalustan-kayttoehdot

Mandatory fields are marked with an asterisk \*.

# 2 Organization information

The organization responsible for the content to be produced on the Interoperability Platform *		
	The content has an organization nominated as responsible for its quality and updating.	
The name of	the organization in Finnish	
The name of the organization in Swedish		
The name of the organization in English		
Business ID	*	

# 3 Purpose of use

The organization produces content in the following tools of the Interoperability Platform:	
	Terminologies (sanastot.suomi.fi)
	Reference Data (koodistot.suomi.fi)
	Data Vocabularies (tietomallit.suomi.fi)
	Use of open interfaces



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	necessary)	
	(Describe e.g.	. the content to be produced on the Platform, its users and the current state of the content.)
Licer	nsing the (	Content
	Licensing n	nodel for the content to be produced in the Interoperability Platform *
		CC 1.0 or CC By 4.0.
		The content has not been licensed.
	the produci tations. This i.e. no such Organization	license has been defined for the content to be published on the platform, ng organization shall guarantee that the content can be used without limis includes the information being public and open, and can be used freely, a limitations or third party rights that would limit the right of a Consuming on or an End User to use information published on the Platform are related of the information.
Orga	nization's	Key User
	Platform on organization services an The key use ital and Pop	zation's key user steers the creation of information on the Interoperability a a practical level and makes sure that the information maintained by the n on the Platform are up to date. The key user knows the organization's ad related processes at least in the scope of her own responsibility area. Her will receive key user rights for the Interoperability Platform from the Digipulation Data Services Agency and manages the users of her own organicy, accepting their use permission requests.
	First name	*
	Last name	*

E-mail \*

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# 6 Organisation's Administrative Contact Person

The administrative contact person is the responsible person of the organization regarding administrative issues. The Digital and Population Data Services Agency may contact the administrative contact person e.g. in the following cases:

- Issues and necessary clarifications related to the application for permission to use the Interoperability Platform
- Issues related to authorization, changes, and termination
- · Issues related to the terms and conditions of use and changes therein and
- Clarification requests

First name *
Last name *
E-mail *

## 7 Commitments Given by the Organization

The approval and commitment on behalf of the organization is given by a person that is entitled, on behalf of the organization, to comply to the terms of use of the service.

We confirm that the information connected with the protection of data above is correct and we undertake to report any changes to it without delay to the Digital and Population Data Services Agency if we are granted use permission on the Interoperability Platform.

Our organization accepts the terms and conditions of use of the interoperability platform provided by the Digital and Population Data Services Agency and undertakes to comply with them (PRC/.6725/2018).

Our organization also undertakes to comply with the instructions for using the interoperability platform in effect at any time.

	I give my consent and am authorised to represent the organization. I have familiarised myself with the terms and conditions of use of the interoperability platform and I accept them	
Place		
Date		
Name of the	person giving the commitment and acceptance:	
First name *		
Last name *		







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E-mail \*

Role/position in the organization \*

No document proving authority or other evidence of this is required when submitting an application to the Digital and Population Data Services Agency, but it must be possible to demonstrate such authority afterwards if the Digital and Population Data Services Agency requests evidence of it.

The filled application form can be sent by e-mail to:yhteentoimivuus [at] dvv.fi



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Palvelut / Alkula Riitta (DVV)

15.12.2022

Appendix: (If needed) Detailed description of the need for use of the Interoperability Platform