

PENETRATION TESTING AUTHORIZATION AGREEMENT

Client: _____ Company/Entity: _____

Address: _____ Contact (Name/Phone/Email): _____

Provider (Tester): _____ Contact: _____

Authorization Date: _____ Test Window (Start — End): _____ to _____

1. Purpose & Authorization Client hereby authorizes Provider to perform penetration testing and orchestrated security assessments ("Tests") on systems, networks, applications, and assets listed below. Client affirms it has full authority/ownership or explicit permission to authorize these Tests.

Assets In-Scope: _____

Assets Out-of-Scope / Critical Exclusions: _____

2. Approved Activities Provider may perform vulnerability scanning, external/internal penetration testing, exploitation (limited to non-destructive proof of concept), and agreed social engineering techniques (if checked): ☐ Yes ☐ No All testing must avoid physical destruction, permanent data loss, or interruption of life-safety systems.

3. Safe Hours & Throttle Testing hours: _____ (local time). Provider will use reasonable caution to avoid service disruption and will throttle/stop tests on evidence of critical impact.

4. Authorization & Safe Harbor Client grants Provider explicit legal authorization to access and test the in-scope assets during the Test Window. Provider and its agents acting under this Agreement will not be subject to civil or criminal liability for authorized activities conducted per this Agreement, provided they follow its terms and applicable law.

5. Emergency Stop & Escalation If Client or Provider observes critical outages, data loss, or safety concerns, either party may call the emergency contact listed above to immediately suspend Testing. Provider will cooperate to restore services and provide details of actions taken.

6. Confidentiality & Data Handling Provider will treat all findings and data as confidential and will not disclose them except to Client or as required by law. Provider will not exfiltrate or retain sensitive personal data beyond what is necessary to document findings; such data will be securely deleted after reporting unless otherwise agreed.

7. Reporting & Remediation Provider will deliver a written report summarizing findings, risk ratings, and remediation recommendations within ____ days of Test completion.

8. Liability & Indemnity Client acknowledges that security testing carries inherent risk. Provider's aggregate liability for direct damages arising from authorized Tests shall be limited to \$_____. Client will indemnify Provider from third-party claims arising from Client's false statements of authorization or deliberate concealment of out-of-scope critical assets.

9. Compliance & Governing Law Tests will be conducted in compliance with applicable laws and recognized industry standards. This Agreement will be governed by the laws of _____ (state/country).

10. Acceptance By signing below, Client confirms authorization, scope, and the emergency contact are accurate and that Provider is permitted to perform the Tests described.

Client Authorized Signatory

Name: _____ Title: _____ Date: _____

Signature: _____

Provider Authorized Signatory

Name: _____ Title: _____ Date: _____

Signature: _____