



## Cybersecurity and Infrastructure Security Agency Automated Indicator Sharing Terms of Use Addendum for Data Aggregators

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This addendum to the Cybersecurity and Infrastructure Security Agency (“CISA”) Automated Indicator Sharing (“AIS”) initiative Terms of Use (“Terms”) sets forth the terms and conditions governing use of AIS-derived data by Data Aggregators (defined below.)

### 1 DEFINITIONS

In addition to the words and terms already defined in the general AIS Terms of Use, the following words and terms shall have the following meanings when used within this addendum:

- 1.1 **“Data Aggregator”** means a non-federal entity who consumes and incorporates AIS data into a data store to which third parties are provided access, whether commercially or otherwise. Data Aggregators include but are not limited to commercial threat intelligence service providers and Information Sharing and Analysis Organizations (ISAOs).
- 1.2 **“TLP”** means CISA’s Traffic Light Protocol, which can serve as an Information Handling Level within AIS. More information about TLP is provided here: <https://www.cisa.gov/tlp>.

### 2 DATA AGGREGATOR RESPONSIBILITIES

- 2.1 When consuming AIS data, Data Aggregators shall preserve any Information Handling Level markings, including but not limited to TLP markings, that are applied to the data consumed.
- 2.2 When consuming and incorporating AIS data marked at the **TLP: AMBER** Information Handling Level into a data store, the Data Aggregator (1) may transmit or otherwise make available such information to its customers and members, but (2) shall ensure that any customers and members who access such data or are provided such data are under written obligation to comply with all Information Handling Level markings.
- 2.3 Data Aggregators may not impose a monetary charge for access to data that is solely and specifically associated with the receipt of AIS-provided information.

### 3 SIGNATURE

By signing below, you agree to these addendum terms as a duly authorized representative of your company, organization, or firm or in your individual capacity if you are not affiliated with a company, organization, or firm.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION NAME: \_\_\_\_\_

#### **INSTRUCTIONS**

All fields are mandatory.

To fill in the 'SIGNED' block with a digital signature, click in the block and select an available digital ID associated with the duly authorized representative. Alternatively, for an electronic signature, press FILL & SIGN or 'Sign document by drawing a signature'.

Press 'SUBMIT' above to open an email to send this form to CISA.

This document may also be printed, hand signed and returned to [cyberservices@cisa.dhs.gov](mailto:cyberservices@cisa.dhs.gov).