PIV Card APL Date:

The information contained herein is strictly confidential, and is for use by only those parties directly associated with this evaluation.

**Product/Service Information**

| Organization Name: |  |
| --- | --- |
| Address |  |
| Contact Name |  |
| Contact Phone |  |
| Contact 2 Name |  |
| Contact 2 Phone |  |
| Name of Product or Service: |  |
| Category |  |
| Part Number: |  |
| Hardware Version: |  |
| Software Version: |  |
| Firmware Version: |  |
| Product Included: |  |

**Evaluating Lab:**

| Team Lead: |  |
| --- | --- |
| Phone: |  |
| Address: |  |
| Signature |  |

**To Be Filled By GSA:**

| GSA Case Number: |  |
| --- | --- |
| Date: |  |
| Product Included: |  |