# **Vendor Self-Attestation Form for ISO/IEC Test Reports**

This is to certify that the Reader, {*insert Reader name*} has passed the following tests requested by the GSA FIPS 201 Evaluation Program’s Functional Requirements and Test Cases (FRTC), v1.4.2 Rev B:

* Test case # 7.07.09 – Contact readers shall support ISO/IEC 7816: the contact interface of the reader indicated in *Table #1* below has been tested for ISO/IEC 7816 conformance and passed, in accordance with ISO/IEC 10373-3:2018 on {*insert date*}.
* Test case #7.07.10 – Contactless readers shall support ISO/IEC 14443 Type A: the contactless interface of the reader indicated in *Table #1* below has been tested for ISO/IEC 14443 Type A conformance and passed, in accordance with ISO/IEC 10373-6:2020, and ISO/IEC 10373-6:2020/Amd.1:2022 on {*insert date*}.

*Table 1: Reader Information*

| Product Manufacturer | Manufacturer Part # | Applicant Part # | Reader Description | HW Version | SW Version | FW Version |
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I hereby claim that I am authorized to sign this form on behalf of my organization. By signing this form, I attest that:

* My organization is fully committed to and aware of the requirements of FIPS 201 and its related publications. To the best of our knowledge, we confirm that our Product or Service complies with such requirements and are dedicated to maintaining this compliance.
* My organization will notify the FIPS 201 Evaluation Program of any manufacturing or product change (form, fit, function, assembly, or significant component source) that our Product or Service may undergo from the date it is placed on the Approved Products List (APL) until it is removed and placed on the Removed Products List (RPL).
* This document fully and accurately discloses the ISO 7816 and ISO 14443 Test Information. My organization understands that if the FIPS 201 Evaluation Program later determines that the information provided was inaccurate or false, it may immediately remove our Product or Service from the APL and any other penalties as enumerated within the FAR.

| **Signature** |  | **Date** |  |
| --- | --- | --- | --- |
| **Applicant Organization** |  | | |
| **Name** |  | | |
| **Title** |  | | |