GSA CARD DATA VALIDATION FOR AGENCIES
REQUEST SHEET

Agency: _____

Government Point of Contact Name:_____

Government POC phone #":_____

Government POC Email:_____

Address to mail card back to: _____State _____ Zip code_____

Integrator (company):_____

Integrator POC: _____ phone#_____

CARD INFORMATION:

Card Pin number: _____

TO or T1 (Circle one)

Card Management Solution Software Vendor:_____

Card Vendor:_____

Pin Unblocking Key _____

Containers loaded on card (place X if loaded):

     _____Card Capability Container
     _____CHUID
     _____PIV Authentication Certificate
     _____Fingerprint
     _____Printed Information
     _____Facial Image
     _____Digital Signature Certificate
     _____Key Management Certificate
     _____Card Authentication Certificate
     _____Security Object

Please complete, scan and forward via email to april.giles@gsa.gov