



GSA FIPS 201 Evaluation Program Login Request

Directions:

1. Fill out this form in its entirety. Incomplete forms will not be accepted by the Lab.
2. When complete, print this form to be signed in blue or black ink, as described in the signature section of this document. Scan the document and email to: fips201eplabmain@gsa.gov

Organizational Information:

Company Name			
Address 1			
Address 2			
City		State/Province	
Country		Zip/Postal Code	
Phone		Fax	
Web Address			

Contact Person Information

Name		Title	
Address 1			
Address 2			
City		State/Province	
Country		Zip/Postal Code	
Office Phone		Alternative Phone	
Fax		Email	

Intended Product Submission(s) (check all that apply)

Product Categories	
Products	
Card Printer Station	PIV Middleware
Cryptographic Module	PIV Card Reader Authentication Key
Electromagnetically Opaque Sleeve	PIV Card Reader Biometric
Electronic Personalization	PIV Card Reader Biometric Auth.
Facial Image Capturing Middleware	PIV Card Reader CHUID Auth. (Contact)
Facial Image Capturing Camera	PIV Card Reader CHUID Auth. (Contactless)
Fingerprint Capture Station	PIV Card Reader CHUID (Contact)
Fingerprint Template Generator	PIV Card Reader CHUID (Contactless)
Fingerprint Template Matcher	PIV Card Reader Transparent
OCSP Responder	Single Fingerprint Capture Device
PIV Card	
Services	
Electronic Personalization	PIV Card Delivery
Graphical Personalization	

If your product/service does not fit into one of the above categories, then the product does not need to be evaluated by the FIPS 201 Evaluation Program to be procured by Agencies

Signature

I hereby claim that I am authorized to sign this form on behalf of _____, and that the contact person listed above is authorized to engage in application and maintenance transactions with the Evaluation Program on behalf of the above listed Organization.

Signature (VP or above)		Date	
Name (Print)			
Title			