

**FIPS 201 Evaluation Program**  
**Attestation Form for Electromagnetically Opaque Sleeve**

This form serves to assert that the offering being submitted for FIPS 201 conformance evaluation is accurately meeting the requirements stated in the Standard.

**Applicant Information**

Company Name	
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**Product/Service Information**

Name			
Part Number			
Hardware Version			
Software Version			
Firmware Version			

**Lab Specific Information**

Approval Procedure Version	10.0.0
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**Requirements being attested to:**

Identifier #	Requirement Description	Source
SLV.1	An electromagnetically opaque sleeve or other technology is required to protect against any unauthorized contactless access to information stored on a contactless IC [regardless of the orientation of the device while protecting the ICC].	FIPS 201, Section 4.4.2
SLV.2	The sleeve shall have no other function than to provide a housing for the PIV Card only and protect the information stored on a contactless IC from unauthorized access. It shall be comprised of shield blocking material only.	Derived

**Signature**

I hereby claim that I am authorized to sign this form on behalf of the above specified company. I acknowledge that I have am aware of the requirements of FIPS 201 and its related publications that my Product needs to comply with and that the Product that has been submitted to the Lab is, to the best of my knowledge, complete and accurately meeting these requirements. Furthermore, by signing below, I attest that the Product/Service is being submitted under each category for which this Product/Service applies. I am also aware that any false claims to this statement could result in a penalty as defined by the Federal Acquisition Regulation (FAR).

Signature		Date	
Name			
Title			