



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		
Biometric Authentication System	Facial Image Capturing Middleware	PIV Card Reader Biometric Auth.
Caching Status Proxy	Fingerprint Capture Station	PIV Card Reader CHUID Auth. (Contact)
CAK Authentication System	Fingerprint Template Generator	PIV Card Reader CHUID Auth. (Contactless)
Card Printer Station	Fingerprint Template Matcher	PIV Card Reader CHUID (Contact)
Certificate Validator	OSCP Responder	PIV Card Reader CHUID (Contactless)
CHUID Authentication System	PIV Authentication System	PIV Card Reader Transparent
Cryptographic Module	PIV Card	SCVP Client
Electromagnetically Opaque Sleeve	PIV Middleware	Single Fingerprint Capture Device
Electronic Personalization	PIV Card Reader Authentication Key	
Facial Image Capturing Camera	PIV Card Reader Biometric	
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			