CIPURSE™V2

Implementation Conformance Statement

# Purpose of this document

The first part of this document provides information related to the test that will be performed.

The second part lists the information needed by the laboratory for the test.

The vendor is informed that part of the information given in this form will be used on the public [OSPT Alliance web site](https://www.osptalliance.org/certified-products/) and in the Certificate, all indicated by “\*” in this document.

The latest version of the CIPURSE V2 Certification Program Card Certification Process can be found on the [OSPT Alliance web site](https://www.osptalliance.org/certified-products/).

# Vendor & Product Identification

## Product Registration Number

|  |  |  |
| --- | --- | --- |
|  | Product Registration Number (PRN)\* | Click or tap here to enter text. |

## Vendor Information

|  |  |  |
| --- | --- | --- |
|  | Company Name\* | Click or tap here to enter text. |
|  | Contact Name[[1]](#footnote-1) | Click or tap here to enter text. |
|  | Address | Click or tap here to enter text. |
|  | Phone | Click or tap here to enter text. |
|  | Email | Click or tap here to enter text. |

## Product Identification

|  |  |  |
| --- | --- | --- |
|  | Commercial Product Name\* | Click or tap here to enter text. |
|  | Product Version\* | Click or tap here to enter text. |

# Product Information

## Certification Options

|  |  |  |
| --- | --- | --- |
|  | CIPURSE™ Profile(s) to be certified\*  One or multiple checkbox(s)  Note: Selection has to match Profile indicator in EF.ID\_INFO | CIPURSE™L Profile  CIPURSE™S Profile  CIPURSE™T Profile |
|  | Communication Protocol(s) for  which the CIPURSE application  must be tested\*.  One or multiple checkbox(s) | 14443 TYPE A  14443 TYPE B  7816-3 T=0  7816-3 T=1  SWP TYPE A  SWP TYPE B  SWP TYPE F |

## Supported Features

|  |  |  |
| --- | --- | --- |
|  | Lower Bit Rate (kbit/s):  (indicate the limit for each tested protocol) | Click or tap here to enter text. |
|  | Higher Bit Rate (kbit/s):  (indicate the limit for each tested protocol) | Click or tap here to enter text. |
|  | Logical channel range supported | 0  or  0-3  or  0-19 |
|  | Command chaining supported  (as defined in ISO/IEC 7816-4) | Yes  No |
|  | Transaction mechanism supported  (Perso\_Mode byte of EF.ID\_INFO) | Yes  No |
|  | PxSE supports Automatic Selection Options | Yes  No |
|  | Does the product support selection of ADFs using the file identifier?\* | Yes  No |
|  | For SWP product, extended bit duration supported | Yes  No |
|  | For JavaCard product, referenced JCRE platform\* | JavaCard Version: Click or tap here to enter text. |
|  | For GlobalPlatform\* product, version and supported amendments | GlobalPlatform Version: Click or tap here to enter text.  Supported Amendments (name and version):  Click or tap here to enter text. |
|  | Platform restriction(s) related to number of authentications | Click or tap here to enter text. |
| Purpose of this field is to provide information on possible restrictions implemented in the product, e.g:  The number of successive unsuccessful open secure channel attempts before card is muted,  The number of successful authentications supported by a single card.  Based on this information, you need to provide a sufficient amount of samples such that all tests can be executed on the samples. | |
|  | Content of EF.ID\_INFO\* | Offset [ 0 - 7]: Click or tap here to enter text.  Offset [34-39]: Click or tap here to enter text. |
| Format of EF.ID\_INFO:  **0202XXXXXX000000** **XX**XXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XXXX**XXXXXXXXXXXX**  Offset 0-7 IC\_MAN Offset 34-39 | |
|  | IC\_MAN  Are you the owner of the IC\_MAN identifier contained in EF.ID\_INFO?  If NO, has the owner granted you permission to use his identifier in this context? | Value (hex) Click or tap here to enter text.:  Yes  No  Yes  No |
| **Important notes:**   1. **OSPT requests a properly registered IC\_MAN identifier. “Proprietary values” (>80H) are not accepted.** 2. **In case of false declaration and claim from the owner, OSPT retains the right to cancel the delivered certificate.** | |
|  | Which type of administrative interface does the CIPURSE V2 product support?\* | File System Oriented Application  or  GlobalPlatform Based Application |
|  | Does this product contain any installed applications? | Yes  No |
|  | If yes, provide the AID(s) of application(s) | Click or tap here to enter text. |
|  | Security Domain AID value | Click or tap here to enter text. |
|  | SD Secure Channel Key(s) values | Click or tap here to enter text. |
|  | SD Secure Channel Key Version / Key ID values | Key Version: Click or tap here to enter text.  Key ID value: Click or tap here to enter text. |
|  | Supported GlobalPlatform Secure Channel Protocol(s) available for application installation and personalization | SCP01 Option 05  SCP02 Option 05  SCP02 Option 15  SCP02 Option 55 |
|  | Minimum GlobalPlatform Secure Channel Security Level required for application administration | Clear Mode  or  MAC Mode |
|  | Package AID value to be used for CIPURSE application installation | Click or tap here to enter text. |
|  | Application Class(es) AID value to be used for CIPURSE application installation  e.g.: <CIPURSE application Class AID> for CIPURSE Profile L | Click or tap here to enter text. |
|  | CIPURSE Applet Version\* | Click or tap here to enter text. |
|  | Package AID value to be used for PxSE application installation | Click or tap here to enter text. |
|  | Application Class AID value to be used for PxSE application installation | Click or tap here to enter text. |
|  | PxSE Applet Version\* | Click or tap here to enter text. |
|  | Maximum number of ADF keys supported | Click or tap here to enter text. |
|  | Can the card be erased in individual tests? | Yes  No |
| If the card can be erased between individual tests, please provide a detailed sequence of commands to achieve this result in a separate document together with this ICS. | |

## Administrative Options

|  |  |  |
| --- | --- | --- |
|  | The report must be ciphered (using GPG) when sent by email. | Yes  No |
| If yes, please provide the public key for each recipient together with this form. | |
|  | The samples must be returned to the applicant after the testing session. | Yes  No |

# Signatures

## Vendor

|  |  |
| --- | --- |
| Authorized Representative’s Name | Click or tap here to enter text. |
| Authorized Representative’s Title | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature |  |

**By approving this form, the vendor is aware that following data shall be printed on the sample cards:**

* Vendor name
* PRN
* Sample card number (unique per sample card)
* EF.ID\_INFO contents (unique per sample card)

## Laboratory

|  |  |
| --- | --- |
| Test Plan name and version to follow (incl. Errata if available) | Click or tap here to enter text. |
| Number of samples required to the vendor to perform the TA | Click or tap here to enter text. |
|  |  |
| Laboratory’s Name | Click or tap here to enter text. |
| Representative’s Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature |  |

## OSPT Alliance

|  |  |
| --- | --- |
| Representative’s Name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |
| Signature |  |

1. Primary contact for all information exchange related to the certification activities. [↑](#footnote-ref-1)