

ITP Testing Registration Form

FOR NANC 2.0.0 to 3.2.0

Date:

Vendor Name:

Vendor Agent/Supplier:

Point of Contact (for testing):

Name:

Email:

Phone:

Fax:

Address:

Testing Period: (start must be filled)

Date

Time

Start:

End:

Extended Testing Hours Expected:

YES

NO

Test Access Type:

Dial Up

VPN

Dedicated

Interface Under Test:

SOA

LSMS

Test Category:

Note In order to conduct
NANC 3.0 or higher
NANC 2.0 must have
been complete
successfully.

NANC

2.0

3.0/3.1

3.2

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Stack-to-Stack

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Security Group A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Security Group B

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Managed Object

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Association Management

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Application-to-Application

System Under Test:

System Name:
System Version:
Location
Hardware Platform Identification:
Operating System Identification:
Protocol Stack Identification:
Test Driver Identification:

(If two systems are being tested)

System Under Test:

System Name:
System Version:
Location
Hardware Platform Identification:
Operating System Identification:
Protocol Stack Identification:
Test Driver Identification:

Protocol Stack Profile:	Reference	Version	PICS reference
--------------------------------	------------------	----------------	-----------------------

Information Object Reference:

Interface Specification
Functional Specification
MOCS Reference

Other Conformance References:

SCS Reference:
ICS Reference(s)
IXIT Reference(s)

Prerequisite Met for Testing: **Yes** **No**

Stack-to-Stack	<input type="checkbox"/>	<input type="checkbox"/>	Passed CTS-3 Testing
Security Group A	<input type="checkbox"/>	<input type="checkbox"/>	Passed Stack-to-Stack Testing
Security Group B	<input type="checkbox"/>	<input type="checkbox"/>	Passed Security Group A Testing
Managed Object	<input type="checkbox"/>	<input type="checkbox"/>	Passed Security Group A Testing
Association Management	<input type="checkbox"/>	<input type="checkbox"/>	Passed Managed Object Testing
Application-to-Application	<input type="checkbox"/>	<input type="checkbox"/>	Passed all previous testing

Supported Functions: Please specify all the functions supported by your system(s)

SOA: Port In Timer Type (Long/Short)
Port Out Timer Type (Long/Short)
Business Hours (Normal/Extended)
Business Days (Normal/Extended)
WSMSC Data (Yes/No)
Network Data Download (Yes/No)
serviceProvNPA-NXX-X Download (Yes/No)
Number Pool Block Creation (Yes/No)
Number Pool Block Modification (Yes/No)
Subscription Version Notifications (Individual/Range-List/Both)
SOA Supports Linked Replies (Yes/No)

LSMS: WSMSC Data (Yes/No)
EDR (Yes/No)
serviceProvNPA-NXX-X Download (Yes/No)
LSMS Supports Linked Replies (Yes/No)

Point of Contact (for billing):

Name:

Email:

Phone:

Fax:

Address:

PO Reference Number:

Registration Submitted by:

Date:
