

ITP Testing Registration Form

FOR NANC 2.0.0 to 3.3.2

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 3.3

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Security Group A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Security Group B

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Managed Object

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Association Management

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

ITP Testing Registration Form

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
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Information Object Reference:

Interface Specification
Functional Specification
MOCS Reference

Other Conformance References:

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

ITP Testing Registration Form

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) SOA SWIM Recovery Indicator (Yes/No) SOA Application Level Heartbeat Indicator (Yes/No) SOA Application Level Errors Indicator (Yes/No) SOA Notification Channel Indicator (Yes/No) SOA TN Attribute Indicator (Yes/No) SOA DashX Attribute Indicator (Yes/No) SOA C-P to Conflict Indicator (Yes/No) SOA SP Type Indicator (Yes/No) SOA Enhanced SV Query Indicator (Yes/No) SOA SV Type Indicator (Yes/No) SOA Optional Data - Alternative SPID Indicator (Yes/No) SOA Optional Data – Voice URI Indicator (Yes/No) SOA Optional Data – MMS URI Indicator (Yes/No) SOA Optional Data – PoC URI Indicator (Yes/No) SOA Optional Data – Presence URI Indicator (Yes/No)
LSMS:	WSMSC Data (Yes/No)

ITP Testing Registration Form

EDR (Yes/No)
serviceProvNPA-NXX-X Download (Yes/No)
LSMS Supports Linked Replies (Yes/No)
LSMS SWIM Recovery Indicator (Yes/No)
LSMS Application Level Heartbeat Indicator (Yes/No)
LSMS Application Level Errors Indicator (Yes/No)
LSMS SP Type Indicator (Yes/No)
LSMS Enhanced SV Query Indicator (Yes/No)
LSMS SV Type Indicator (Yes/No)
LSMS Optional Data - Alternative SPID Indicator (Yes/No)
LSMS Optional Data – Voice URI Indicator (Yes/No)
LSMS Optional Data – MMS URI Indicator (Yes/No)
LSMS Optional Data – PoC URI Indicator (Yes/No)
LSMS Optional Data – Presence URI Indicator (Yes/No)

Point of Contact (for billing):

Name:

Email:

Phone:

Fax:

Address:

PO Reference Number:

Registration Submitted by:

Date:
