

# Appendix A Testing Registration Form

**FOR NANC 2.0.0 to 3.0.0**

02-08-00

**Service Provider Name:**

**Service Provider 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:**



Dedicated

**Interface Under Test:**

SOA

LSMS

**Test Category:**

Note In order to conduct NANC 1.9 or higher NANC 1.4 must have been complete successfully.

**NANC**

**1.4**

**2.0**

**3.0**

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Stack-to-Stack

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Security Group A

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Security Group B

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Managed Object

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Association Management

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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:

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<b>Protocol Stack Profile:</b>	<b>Reference</b>	<b>Version</b>	<b>PICS reference</b>
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**Information Object Reference:**

Interface Specification  
Functional Specification  
MOCS Reference

**Other Conformance References:**

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

<b>Prerequisite Met for Testing:</b>	<b>Yes</b>	<b>No</b>	
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

<b>Supported Functions:</b>	Please specify all the functionalities support by your system(s)
<b>SOA:</b>	Port In Timer Type (Long/Short) Port Out Timer Type (Long/Short) Business Hours (Normal/Extended) Business Days (Normal/Extended) WSMSC Data (Yes/No)
<b>LSMS:</b>	WSMSC Data (Yes/No) Number Pool Data (Block/SVs)

**Point of Contact (for billing):**

Name:  
 Email:  
 Phone: Fax:  
 Address:

**PO Reference Number:**

**Registration Submitted by:**

**Date:**

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