**Implementation** **Conformance Statement**

For Calypso Portable Object Certification



*Light*

**REVISION LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Chapter/Section** | **Comment** |
| V1.0.0 | 23/10/2019 | - | Release |
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# Scope of the documents

The purpose of the present Implementation Conformance Statement (ICS) is to describe the characteristics and capabilities of the Portable Object submitted for testing. This template shall be completed by the vendor, with the assistance of the Evaluation Laboratory if necessary, before starting the evaluation process.

The ICS will be part of the Certificate to be issued and provide information about the product implementation to the end users of the certificate. The evaluation and certification process is described in a dedicated procedure (ref. *CER\_PRO\_2017-001*).

# References

* Calypso Startup Information : Specification and Management

*CalypsoTN001-StartupInfo* Calypso Technical Note #001

* Calypso Light Application for Portable Objects “CLAP”

*170101-CalypsoLightApplication (1.2 – Septembre 2019)*

* Calypso Specification CLAP Functional Test Plan

*171108-CCLA-TestPlan (**1.2 – March 2019)*

# Applicant

|  |  |  |
| --- | --- | --- |
| **Vendor Identification** | | |
| Company Name: | Click here to enter your text. | |
| Company Location: | Click here to enter your text. | |
| **Main Contact** | | |
| Contact Name: | Click here to enter your text. | |
| Telephone: | Click here to enter your text. | |
| Email Address: | Click here to enter your text. | |
| **Backup Contact** | | |
| Contact Name: | Click here to enter your text. | |
| Telephone: | Click here to enter your text. | |
| Email Address: | Click here to enter your text. | |
| **Certification Request** | | |
| Date: | | Click here to enter the date. |
| Request Type \*: | |  |
| Previous ICS registration Number:  *(If renewal)* | | Click here to enter your text. |
| Summary of changes  *(If applicable)* | | Click here to enter your text. |

\* Renewal: request for an already approved product without change

Product change: request for a minor change of an already approved product. Vendor to explain the change and impact from his point of view.

# Portable Object description

|  |  |
| --- | --- |
| **Product Identification** | |
| Commercial Name and version : | Click here to enter your text. |
| Technical Name and version : | Click here to enter your text. |
| OS Name and version: | Click here to enter your text. |
| OS Owner | Click here to enter your text. |
| Type of product : | CLAP Full contactless Native Card |
| RF Protocol Type | Type A  Type B |
| Main features | Reference File Structure  Classic File Structure |

The reference will be used on public documents and available on the website.

|  |  |  |
| --- | --- | --- |
| **Hardware Component** | | |
| Calypso Platform reference | Select a plateform  Other : $ Enter the value Platform Enter the value | |
| Hardware identification and Revision | Click here to enter your text. | |
| Hardware Manufacturer | Select Hardware/Software Issuer ID  Other : $ Enter the value Platform Enter the value | |
| CC certification | Issuing Authority  Certificate ID  Level | Click here to enter your text.  Click here to enter your text.  Click here to enter your text. |

**Vendor declaration**

Please complete the options implemented by the Portable Object.

|  |  |  |
| --- | --- | --- |
| SIZE/CAPACITY | What is the maximum Lc supported? | Click here to enter your text. |
| What is the maximum Le supported? | Click here to enter your text. |

**Applicability declaration**

Please specify the functions supported by the provided sample. Tests which require functions not supported by the provided Portable Object will be skipped during the tests.

For details on the Calypso PO Profiles, please refer to the CalypsoLightPOProfilesDefinition document.

|  |  |  |
| --- | --- | --- |
| Object | Constraint linked | Applicability supported. |
| List of Application available through ISO APDU Command (cf Calypso Specification Rev 3 §5.3) | APP\_AV | Yes  No |
| Default EF selected through Select application | DEF\_EF\_SEL | Yes  No |
| Historical bytes of ATR readable using GET DATA | GET\_ATR | Yes  No |
| FCI readable using GET DATA | GET\_FCI | Yes  No |
| FCP readable using GET DATA | GET\_FCP | Yes  No |
| Traceability information readable using GET DATA | GET\_TRACE | Yes  No |
| Ratification is worked through Frame Command | RAT\_ON\_FRAME | Yes  No |
| Ratification is worked through Select Command | RAT\_ON\_SEL | Yes  No |

# Additional comments

Comments and addition explanations:

Click here to enter your text.

# Laboratory Information

|  |  |
| --- | --- |
| **Laboratory Identification** | |
| Laboratory Name: | Click here to enter your text. |
| Laboratory Location: | Click here to enter your text. |
| **Main Contact** | |
| Contact Name: | Click here to enter your text. |
| Telephone: | Click here to enter your text. |
| Email Address: | Click here to enter your text. |
| **Backup Contact** | |
| Contact Name: | Click here to enter your text. |
| Telephone: | Click here to enter your text. |
| Email Address: | Click here to enter your text. |

|  |  |
| --- | --- |
| **Report Confidentiality** | |
| The report must be ciphered (using PGP) when sent by email: | YES  NO |

# Certification Body

|  |  |
| --- | --- |
| **Certification Body Identification** | |
| Company Name: | Cliquez ici pour entrer du texte. |
| Company Location: | Cliquez ici pour entrer du texte. |
| **Main Contact** | |
| Contact Name: | Cliquez ici pour entrer du texte. |
| Telephone: | Cliquez ici pour entrer du texte. |
| Email Address: | Cliquez ici pour entrer du texte. |
| **Backup Contact** | |
| Contact Name: | Cliquez ici pour entrer du texte. |
| Telephone: | Cliquez ici pour entrer du texte. |
| Email Address: | Cliquez ici pour entrer du texte. |

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| --- | --- |
| **ICS Status** | |
| Status: | To be Validated |
| ICS Registration Number: | Cliquez ici pour entrer du texte. |
| Date of validation by the Certification Body: | Cliquez ici pour entrer une date. |

Signature of the Certification Body’s representative:

