

CMVP FIPS 140-3 Signature Document

This document must be completed for each submission with accurate data.

Lab Name: _____

NVLAP #: _____

Vendor Name: _____

Module Name: _____

Select one of the options below:

1. Algorithm testing performed by the CST Laboratory
2. Algorithm testing performed by the vendor and directly observed by the CST Laboratory
3. Algorithm testing performed by the vendor unobserved by the CST Laboratory. The signatures below affirm the algorithm testing was performed on the above IUT on the specified version(s) and referenced OE(s)

Only complete if selecting Option 3:

- Vendor Representative Name: _____
- Vendor Representative Title: _____

Vendor Representative Signature and Date

Laboratory Personnel and Signature (Required)

- Lab Tester: _____ CVP #: _____
- Technical Reviewer: _____ CVP #: _____
- Approved Signatory: _____ CVP #: _____
- Approved Signatory Title: _____

Approved Signatory Signature and Date