



Remote Testing Request Form

* Required

1. Full name *

2. Email *

3. Lab *

4. Product Name

- A. **Alternate Location** (any location other than the accredited NVLAP lab)
- Evaluation team is physically on-site and directly involved with access control
 - Evaluation team is performing testing and witnessing test results in-person
- B. **Remote Access** (any network other than the accredited NVLAP lab's)
- Evaluation team is *not* physically on-site nor directly responsible for physical access control of the TOE
 - Evaluation team is performing testing and witnessing test results remotely
- C. **Remote observation**
- Evaluation team has no in-person visual confirmation of security and access controls
 - Evaluation team is *not* performing testing and is witnessing results remotely

5. Identify testing: *

6. What is the reason remote testing is being performed and why does on-site lab testing not suffice? *

7. Specify TOE product(s) being tested (make, model, serial number, and software versions). *

8. What is the testing location? Please include the address *

9. What are the expected testing dates? *

10. What are the names of those performing tests and those acting as witnesses? Please indicate whether they are vendor or CCTL personnel. Please also list who will have access to the testing Facility and TOE. *

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11. What are the Equipment/tools at vendor site that cannot be replicated and why? *

12. Please list the SFRs the testing will cover. *

13. Please detail the procedures to conduct the testing being proposed, including how evidence will be collected, managed, and transmitted back to the CCTL. *

14. How do you plan to witness and maintain control of the testing environment and TOE (before, during, and at the end of testing)? Please include a description of the **physical control** and how the TOE is being isolated. *

15. Please include a description of the **remote access control** and how the test environment will be accessed remotely. *

16. Describe all the equipment/devices on the network. *

17. Please include a network architecture Diagram and identify the TOE boundary. *

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18. By signing below you acknowledge that if at any point prior to or during testing, the approved parameters change, then this remote testing request must be updated and resubmitted for approval. *