



## Conformance Testing Order Form

This is an **intelligent form**. Please click on the spaces below to fill in the requested information directly onto the form.

Due to the high volume of tests run at the Test Service Providers, ODVA requests that companies submit order forms for conformance testing at least six weeks in advance of preferred test date.

### ENTITY

Please provide the name of the company or entity ordering conformance testing.

Name \_\_\_\_\_ Website \_\_\_\_\_

### TESTING CONTACTS

Please provide the name and contact details of the individual who will be the main contact for the test.

Name \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Post Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Will the test contact attend the test?      Yes                      No

If no, will this test be attended?              Yes                      No

If the test will be attended, please list the names and contact details for your representatives attending the test.

|              | Attendee 1 | Attendee 2 | Attendee 3 | Attendee 4 |
|--------------|------------|------------|------------|------------|
| Contact Name |            |            |            |            |
| Phone        |            |            |            |            |
| Email        |            |            |            |            |

### TEST OVERVIEW

- |   |               |                |
|---|---------------|----------------|
| 1. Number of devices being submitted for conformance testing  | Single device | Product family |
| 2. CIP adaptation of device being tested  | DeviceNet     | EtherNet/IP    |
| 3. Does this device implement a safety extension that you are requesting be tested? (ODVA currently offers DeviceNet Safety testing.) | Yes           | No             |
| 4. Are you an ODVA Member?  | Yes           | No             |

ODVA Members receive a discount on conformance testing services and products. Join ODVA today by completing the membership application form on [www.odva.org](http://www.odva.org).

### TEST HISTORY

- |   |     |    |
|---|-----|----|
| 5. We strongly recommend testing to the latest version of the relevant protocol conformance test software prior to submitting the device. Did you perform this self-test? | Yes | No |
| 6. Did you self-test with the EDS Checker or Authenticator software?  | Yes | No |
| 7. If you purchased a communications card to run with the software, please provide the following information.   |     |    |

|                   |  |
|-------------------|--|
| Card Manufacturer |  |
| Firmware Revision |  |
| Model Number      |  |
| Part Number       |  |

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- |  |     |    |
|--|-----|----|
| 8. Has this device been tested before at an ODVA Test Service Provider?<br><i>(If no, please go to item 12.)</i>   | Yes | No |
| 9. Is this retest for a device that previously failed conformance testing?   | Yes | No |
| 10. Is this retest for a device that has been revised since the last test?<br>If yes, please submit on a separate sheet a detailed list of revisions made. | Yes | No |
| 11. Please list the history of the previous tests  |     |    |

| ODVA test file number* | Date | Result |
|------------------------|------|--------|
|                        |      |        |
|                        |      |        |
|                        |      |        |

*(If the last test was performed before 15 November 2002, please contact ODVA for this number.)*

### TEST INFORMATION

Devices being submitted for standard node Conformance Testing that incorporate a DeviceNet CONFORMANCE TESTED® or an EtherNet/IP CONFORMANCE TESTED™ embedded technology, as defined by the Conformance Test Policy, use embedded technology. Devices being submitted for Embedded Technology Conformance Testing do not use embedded technology.

Two devices representative of a product family, as defined by the Conformance Test Policy, may be submitted for Conformance Testing and, upon both products passing the conformance tests, all products in the family may be identified as DeviceNet CONFORMANCE TESTED® or EtherNet/IP CONFORMANCE TESTED™ provided that those family members are named in the family member list submitted with the initial conformance test order. For family conformance testing to apply, the only items that may differ are those where an entry field is available (below) for both Device 1 and Device 2. Currently family testing is not available for DeviceNet Safety products.

Devices being submitted for semiconductor testing must have already passed the standard node conformance test at an ODVA Test Service Provider.

The relevant Conformance Test Policy governs conformance tests conducted. The policy may be found on [www.odva.org](http://www.odva.org). Should there be discrepancies between this order form and the relevant policy, the policy will prevail.

### TEST PROFILE

*If submitting two devices representative of a product family for testing, items 12-18 must be the same for both devices under test.*

- |  |     |    |
|--|-----|----|
| 12. Vendor ID (identity object attribute 1)  |     |    |
| 13. Device type (identity object attribute 2)  |     |    |
| 14. Revision (identity object attribute 4)   |     |    |
| 15. Is embedded technology used in the device(s) under test? <i>(If not used, please go to item 17.)</i> | Yes | No |
| 16. Information about embedded technology used   |     |    |
| Vendor Name  |     |    |
| Technology Name  |     |    |
| Version  |     |    |
| 17. Is the device used as embedded technology by another product?  | Yes | No |
| 18. Does this device have master capabilities?   | Yes | No |



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If submitting two devices representative of a product family for testing, items 19-22 may differ for the devices under test.

|  | Device 1 | Device 2 |
|--|----------|----------|
| 19. Product code (identity object attribute 3) |          |          |
| 20. Product name (identity object attribute 7) |          |          |
| 21. Name of EDS file                           |          |          |
| 22. Name of SOC file (.stc or .dat file)       |          |          |

### TEST ORDER

Please click the box(es) for the test(s) you wish to have conducted.

| Test Ordered        | North America<br>ODVA TTC<br>Ann Arbor, Michigan, USA | Europe<br>University of Magdeburg<br>Magdeburg, Germany | Asia<br>ASTEM<br>Kyoto, Japan |
|---------------------|---|---|-------------------------------|
| Standard Node       |   |   |                               |
| DeviceNet Safety    |   |   |                               |
| Power Supply        |   |   |                               |
| Embedded Technology |   |   |                               |
| Semiconductor       |   |   |                               |

### SHIPMENT OF DEVICE(S)

The TSP will contact you to confirm the scheduled date of the test. Upon confirmation of the date, please ship the device to the address provided by the TSP. All shipping costs, including customs fees, are the responsibility of the company submitting the product for testing. We do not recommend using a freight forwarding company. Please use a shipping company such as DHL, UPS, or Federal Express.

How would you like the device returned to you?

Shippers Account Number \_\_\_\_\_

Please ship my device      overnight      2 day      economy

Insured value of device      \_\_\_\_\_      Customs value of device      \_\_\_\_\_

VAT or Tax Number      \_\_\_\_\_

### TEST PRICING

All prices are in US dollars.

|                     | ODVA Member   |                | Non-Member Price |                |
|---------------------|---------------|----------------|------------------|----------------|
|                     | Single Device | Product Family | Single Device    | Product Family |
| Standard Node       | \$2,500       | \$5,000        | \$5,000          | \$10,000       |
| DeviceNet Safety    | Contact ODVA  | Not available  | Contact ODVA     | Not available  |
| Power Supply        | \$2,500       | Not available  | \$5,000          | Not available  |
| Embedded Technology | \$5,000       | \$10,000       | \$10,000         | \$20,000       |

### Supplemental Tests

|               | ODVA Member   |                | Non-Member Price |                |
|---------------|---------------|----------------|------------------|----------------|
|               | Single Device | Product Family | Single Device    | Product Family |
| Semiconductor | \$3,000       | \$6,000        | \$6,000          | \$12,000       |

### Retesting

|           | Member Price   | Non-Member Price |
|-----------|----------------|------------------|
| Retesting | \$400 per hour | \$800 per hour   |

## *Conformance Testing Order Form*

### **PAYMENT INFORMATION**

Please select and complete one of the following payment methods. Payment in full must be received prior to the test. For payments made by check, payment must be made in US dollars drawn on a US bank. Payments made by credit card will be processed in US dollars.

#### **Amount Due**

#### **Payment by Check**

1. Enter check number
2. Select method of delivery of check                      First Class Mail                      Courier
3. Separately send the check to

#### **Payment by Credit Card**

1. Enter card type
2. Enter card number
3. Enter expiration date
4. Enter name as it appears on the card
5. Signature for authorization

#### **Payment by Transfer**

1. Select currency                      USD                      EUR                      JPY                      KRW
2. Transfer amount due to:
  
3. Enter transfer number
4. Enter date transferred

### **SUBMISSION INSTRUCTIONS AND TEST SCHEDULING INFORMATION**

1. Submit **all pages** of the order form by FAX to (1) 734-922-0027.
2. When ODVA receives your order form, you will be contacted to determine the best available date for the test.
3. Make payment as indicated under Payment Information.
4. Submit the following to [conformance@odva.org](mailto:conformance@odva.org). Please zip the file if large.
  - a. .eds file(s).
  - b. .stc file(s) for DeviceNet or .dat file(s) for EtherNet/IP.
  - c. Product Family Member List (if applicable). Please include product names, catalog numbers, and product codes for all family members.
  - d. User manuals for the device(s).
  - e. If a safety test, sufficient information and/or tools to allow setting the device configuration to the configuration(s) required for the tests. Some devices will require more than one configuration to complete all tests. (Examples of multiple configurations include configurations for producing and consuming connections, and configurations for IO size <= 2 bytes or greater than 2 bytes.)
  - f. If a safety test, certification for functional safety from an ODVA recognized safety certification body.
  - g. Purchase order for the amount of the test, if not paid in full using the above options.
5. Once the date of the test has been confirmed, ship the device to the respective TSP using the address provided to you by the TSP.

**Questions? Please contact us on (1) 734-975-8840.**



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SUPPLEMENTAL RELEASE FOR CONTRACTED SERVICES

This form only needs to be completed if the company submitting a device for testing does not hold the Vendor ID in the identity object, attribute 1 of the product.

Pursuant to the conformance test policy, test data and failed test verdicts are confidential between the vendor, the TSP, and ODVA world headquarters. If the company or entity ordering conformance testing is not the vendor (that is, does not hold the Vendor ID for the product submitted), ODVA must receive a release from the vendor in order to discuss the test data directly with the company ordering the test(s).

In order for ODVA to work with the company contracted by the vendor, the following information must be completed and signed by an authorized representative from the vendor company. Upon successful completion of conformance testing, a Declaration of Conformity will be issued to the company requisitioning the test in the name of the company who holds the Vendor ID for the product. This Declaration of Conformity will be issued provided that both the company ordering the test(s) and the company holding the Vendor ID have paid all invoices related to the test(s). Please note that member pricing will only apply if the vendor company is an ODVA member.

Vendor Information

By signing below, you acknowledge that you are authorized by your company to execute this release.

I request that ODVA communicate directly with the company or entity that has been contracted to provide engineering services for my company for the device(s) under test.

Vendor Representative

Printed name

Signature

Date

Company/Entity Name

Telephone

Email

Product Name

Product Code

Product Revision

Please communicate information regarding this test directly to the following contact:

Contracted Representative

Company/Entity Name

Telephone

Email

For ODVA Use Only:

ODVA Test File Number