



Conformance Testing Order Form Request for Updated Declaration of Conformity for Self Retested Devices

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

This form is to be used **ONLY** to request approval of completed self retesting of devices that have previously received Declarations of Conformity. Please see the [Conformance Test Policy](#) for more information.

ENTITY

Please provide the name of the company or entity placing this order.

Name _____ Website _____

TESTING CONTACT

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

Name _____ Title _____
 Street Address _____
 City _____
 State/Province _____ Zip/Post Code _____ Country _____
 Phone _____ Fax _____ Email _____

TEST OVERVIEW

- | | | |
|------------------------------------|---------------|----------------|
| 1. Number of devices self retested | Single device | Product family |
| 2. CIP adaptation of device tested | DeviceNet | EtherNet/IP |
| 3. Are you an ODVA Member? | Yes | No |

ODVA Members receive a 50% discount on conformance testing. Join ODVA today by completing the membership application form on www.odva.org.

TEST HISTORY

- | | | |
|--|---------------|-----------------|
| 4. To which version of the protocol conformance test software did you self-test? | DeviceNet A17 | EtherNet/IP 3.7 |
| 5. Did you test to the version 2.17 of the DeviceNet EDS Checker software? | Yes | No |
6. If you purchased a communications card to run with the software, please provide the following information.

Card Manufacturer	
Firmware Revision	
Model Number	
Part Number	

7. Please provide the conformance test history of your device(s):

ODVA test file number*	Date	Result

(If the last test was performed before 15 November 2002, please contact ODVA for this number. Please note that this self retesting option is only for devices that have previously received a Declaration of Conformity.)



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TEST PROFILE

If submitting test results for two devices representative of a product family, items 8-14 must be the same for both devices under test.

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

If submitting test results for two devices representative of a product family, items 15-18 may differ for the devices under test. Please note that pursuant to the Conformance Test Policy, additional family members not included in the initial submission are subject to the normal testing procedure; therefore, a new product family list may not be submitted in conjunction with self retesting.

	Device 1	Device 2
15. Product code (identity object attribute 3)		
16. Product name (identity object attribute 7)		
17. Name of .eds file		
18. Name of .stc or .dat file		

TEST ORDER

Pricing

	Member Price	Non-Member Price
Updated Declaration of Conformity for single product	\$400	\$800
Updated Declaration of Conformity for product family	\$800	\$1600

DECLARATION

By signing below, I declare that the device(s) I am submitting for approval of the self retest(s) I have executed is/are eligible to be submitted for self retesting as outlined in the Conformance Test Policy.

Signature

Print Name

Date



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PAYMENT INFORMATION

Please select and complete one of the following payment methods. Payment in full must be received before an updated Declaration of Conformity will be generated. For payments made by check or credit card, payment must be made in US dollars via check drawn on a US bank or credit card.

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 (including shipping & handling costs) to:

3. Enter transfer number
4. Enter date transferred

SUBMISSION INSTRUCTIONS

1. Submit **all pages** of the order form by FAX to (1) 734-922-0027.
2. Make payment as indicated under Payment Information.
3. Submit the following to conformance@odva.org. Please zip the file if large.
 - a. .eds file(s)
 - b. .stc file(s)
 - c. DeviceNet products only: Protocol test revision log file, produced by running the protocol test at a minimum of one baud rate, preferably 500K baud
 - d. Purchase order for the amount of the test, if not paid in full using the above options
4. ODVA will contact you to confirm your retesting results and issue a new Declaration of Conformity, if applicable.

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