CCM-03-A Form 18

Notification of Contact for Inquiries and Information on List of Evaluation Facilities

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To General Manager of IT Security Technology Evaluation Department

IT Security Center

Information-technology Promotion Agency, Japan

Name of the Applicant :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person in charge of the application :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Signature*)

Title/Department :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The applicant hereby submits notification of contact for inquiries and information to be included on the list of Evaluation Facilities as follows.

|  |  |  |
| --- | --- | --- |
| Evaluation Facility | Approval Number | ITEF\_\_\_\_\_\_\_\_\_\_\_ |
| Name |  |
| Responsible Manager of the Evaluation Facility | | Department, Title :  Name :  E-mail :  Telephone : |
| Quality Manager | | Department, Title :  Name :  E-mail :  Telephone : |
| Technical Manager | | Department, Title :  Name :  E-mail :  Telephone : |
| Deputy Technical Manager | | Department, Title :  Name :  E-mail :  Telephone : |
| Document Management Manger | | Department, Title :  Name :  E-mail :  Telephone : |

|  |  |
| --- | --- |
| Information Included on the List of Evaluation Facilities (Japanese version) | |
| Point of Contact  (Name of contact person) |  |
| E-mail |  |
| Address | 〒 |
| Telephone |  |
| URL of the Evaluation Facility |  |

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| Information Included on the List of Evaluation Facilities (English version) | | |
| Point of Contact  (Name of contact person) | Contact |  |
| E-mail | E-mail |  |
| Address | Address |  |
| Telephone | Tel |  |
| URL of the Evaluation Facility | URL |  |