NIAP Check-in Form
Product Evaluations Claiming Exact Compliance with a NIAP Approved PP

The Common Criteria Testing Laboratory (CCTL) will notify NIAP regarding an evaluation claiming exact conformance to a NIAP approved PP. An email will be sent to NIAP with subject "Evaluation Check-In" The email must include this form (F8002a). Send the email to crecords@niap-ccevs.org.

PLEASE TYPE ALL INFORMATION

Evaluation Information

Name of Product & Version Number: _____

Recommended Technology Type: _____

PP Claim: _____

CCTL: _____

Projected 90-Day Completion Dates

Committed vendor and CCTL evaluation schedules with Progress Point milestones that achieve completion in 90 days.

Date	Progress Points
	Progress Point 1: Check-In Package Received by NIAP
	Progress Point 2: Check-In Meeting Complete (NIAP to complete)
	Progress Point 3: ST Evaluation Complete
	Progress Point 4: Test Ready
	Progress Point 5: Testing Complete
	Progress Point 6: Evaluator Check-Out Complete
	Progress Point 7: Validator Check-Out Complete (NIAP to complete)
	Progress Point 8: Evaluation Completed (NIAP to complete)

Vendor Information

Company Name: _____   **Vendor POC: _____**

Vendor Address: _____

Vendor Email: _____   **Vendor Website: _____**

Vendor Phone: _____   **Vendor Fax: _____**

Product Information

_____
Include Administrative Guide, Product URL, or other information to provide details about the product to be evaluated.

☐   **DO NOT LIST** on NIAP CCEVS website

☐   **LIST** on NIAP CCEVS website

FIPS Validation

☐   FIPS validation required

Estimated NIST completion date: _____

Print Name & Title: _____

(Print name of authorized sponsor/company representative and title)

Signature: _____