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| --- |
| PURE Card ProductsImplementation Conformance Statement |

Revision History

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Date | Author | Object |
| 1.0 | 26/07/2016 | PURE Certification | Release |
| 1.1 | 20/07/2017 | PURE Certification | VTP v2.4 updates |
| 1.2 | 17/07/2018 | PURE Certification | Adding specification version 1.5.3.g |
| 1.3 | 02/08/2019 | PURE Certification | Adding §3.12 |
| 1.4 | 12/03/2021 | PURE Certification | Adding specification version 1.5.3.h |

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# Introduction

This Implementation Conformance Statement is a structured document describing capabilities and specific requirements implemented by the product (ICC Product) submitted for testing. This template must be completed for products submitted to receive PURE Certification.

The ICS will be part of the PURE certificate to be issued and provides information about the implementation. The process of testing and certification is described in the PURE Certification Operational Procedure.

# Specifications References

| **reference** | **Document title and availability** | **Specification provider** |
| --- | --- | --- |
| [ICC\_PURE\_SPEC\_1] | PURE Contactless Specifications for Issuers and Acquirers version 1.5.3.g | Gemalto |
| [ICC\_PURE\_SPEC\_2] | PURE Contactless Specifications for Issuers and Acquirers version 1.5.3.h | Gemalto |

# Product Identification

## Vendor Identification

|  |
| --- |
| Vendor Identification |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

ICS completed on: Cliquez ici pour entrer une date.

## Type of Request

|  |  |
| --- | --- |
| **Type[[1]](#footnote-1)** |  |
| *If Renewal or Product Change* |
|  ***Previous ICS registration number:*** | Click Here to Enter Text. |
| *If Product Change* |
|  **S*ummary of changes:*** | Click Here to Enter Text. |

## PURE Product Identification

|  |
| --- |
| ICC Product Identification |
| **Marketing Name:** | Click Here to Enter Text. |
| **Registration Number ([[2]](#footnote-2)):** | Click Here to Enter Text. |
| **Technical Name & Version:** | Click Here to Enter Text. |
| **Application Specification version:** | 1.5.3.g |

## Operating System & Application information

|  |
| --- |
| Operating System |
| **Type:** |  |
|  | If other Type, please specify Here. |
| **Supplier:** | Click Here to Enter Text. |
| **Name & Version:** | Click Here to Enter Text. |
| *If Java* |
|  ***API Java card Version:*** | Click Here to Enter Text. |
|  ***GP version:*** | Click Here to Enter Text. |
| Application Information |
| **Name & Version:** | Click Here to Enter Text. |
| **Supplier:** | Click Here to Enter Text. |

## Technology Identifier

|  |  |
| --- | --- |
| **Product type:** |  |
| **Form factor:** |  |
|  | If other Form factor, please specify Here. |
| **Chip:** | Click Here to Enter Text. |
| *If DI or CL* |
|  ***Antenna reference:*** | Click Here to Enter Text. |
|  ***Antenna size:*** |  |
|  | If other antenna size, please specify Here. |

## Contact Interface

|  |  |
| --- | --- |
| **Is warm reset supproted?** | Select an Item. |
| **Is there any application implicitly selected at cold reset?** | Select an Item. |
| *Note : If Yes additional configuration(s) showing different timing may be required in EMV Level 1 testing* |
| **Contact protocols supported:** |  |

|  |
| --- |
| ATR |
| **ATR value(s) [0]** |
| Cold Reset : | Click Here to Enter Text. |
| Warm Reset : | Click Here to Enter Text. |
| Additional information. |
| *Please use the following field(s) if you are registering several ATRs :* |
| **ATR value(s) [1]** |
| Cold Reset : | Click Here to Enter Text. |
| Warm Reset : | Click Here to Enter Text. |
| Additional information. |
| **ATR value(s) [2]** |
| Cold Reset : | Click Here to Enter Text. |
| Warm Reset : | Click Here to Enter Text. |
| Additional information. |

## Contactless Interface

|  |  |
| --- | --- |
| **Contactless protocols supported:** | Select an Item. |
| *Type A Contactless Protocol* |
|  **ATQA value:** | Click Here to Enter Text. |
|  **UID Size:** |  |
|  **SAK Value:** | Click Here to Enter Text. |
|  **ATS Value:** | Click Here to Enter Text. |
|  **FSCI Value:** | Click Here to Enter Text. |
|  **SFGI Value:** | Click Here to Enter Text. |
|  **Historical byte value (if available):** | Click Here to Enter Text. |
| *Type B Contactless Protocol* |
|  ***ATQB value:*** | Click Here to Enter Text. |
|  ***Application Data Field value:*** | Click Here to Enter Text. |
|  ***Max Frame Size value:*** | Click Here to Enter Text. |
|  ***ADC value (2 bits):*** | Click Here to Enter Text. |
|  ***ATTRIB Response value:*** | Click Here to Enter Text. |
|  ***HLTB Response value:*** | Click Here to Enter Text. |

## RSA Crypto processing

|  |  |
| --- | --- |
| **Does card platform support RSA crypto processing?** | Select an Item. |
| **DDA supported?** | Select an Item. |
| **CDA supported?** | Select an Item. |
| **Max length for ICC RSA Key****(in contact mode):** | Click Here to Enter Text. |
| **Max length for ICC RSA Key****(in contactless mode):** | Click Here to Enter Text. |
| **Is enciphered Offline PIN supported?** | Select an Item. |
| **If yes, is the card able to manage a dedicated RSA key for PIN encryption?** | Select an Item. |
| **If yes, maximum RSA key length supported for PIN encryption:** | Click Here to Enter Text. |

## Read Application Data

|  |  |
| --- | --- |
| **Range of SFI supported:** | Click Here to Enter Text. |
| **Maximum number of SFI:** | Click Here to Enter Text. |
| **Maximum number of record per SFI:** | Click Here to Enter Text. |
| **Maximum length of record (SFI X where X shall be 1 to 10):** | Click Here to Enter Text. |
| **Is increasing the record’s logical length up to maximum record length supported? (Using UPDATE RECORD command)** | Select an Item. |
| **Is decreasing the record’s logical length, after the card personalisation allowed?** **(Using UPDATE RECORD command)** | Select an Item. |
| **Is increasing the record’s logical length, after the card personalisation allowed?** **(Using UPDATE RECORD command)** | Select an Item. |

## Implementation specific - others

|  |  |
| --- | --- |
| **Where is the PST consistency check handled?** |  |
| **Where is checked mandatory resources presence in default PRO?** |  |
| **Maximum Length of Profile Resource Object (PRO) (BF2X where X shall be 0 to F):[[3]](#footnote-3)** | Click Here to Enter Text. |
| **Maximum Length of IADOL (incl. tag and length):[[4]](#footnote-4)** | Click Here to Enter Text. |
| ***Valid IADOL value with Maximum Length (for test tool usage):*** | Click Here to Enter Text. |
| ***Valid IADOL value with Maximum Length + 1 (for test tool usage):*** | Click Here to Enter Text. |
| **Maximum Length of PDE (Proprietary Data Element):[[5]](#footnote-5)** | Click Here to Enter Text. |
| **Maximum Length of CAFL (Consolidated Application File Locator):[[6]](#footnote-6)** | Click Here to Enter Text. |
| **Maximum Length of PST (Profile Selection Table):[[7]](#footnote-7)** | Click Here to Enter Text. |
| ***Valid PST value at Maximum length (for test tool usage):*** | Click Here to Enter Text. |
| **Maximum length of PDOL data supported:[[8]](#footnote-8)** | Click Here to Enter Text. |
| **Maximum length of Reference PIN (in digits):[[9]](#footnote-9)** | Click Here to Enter Text. |
| **Maximum number of alternate AID:** | Click Here to Enter Text. |
| **Maximum length for FCI returned in application selection response:** | Click Here to Enter Text. |
| **SFI 2 Record 1 value personalized in IMAGE 44 (for test tool usage):** | Click Here to Enter Text. |
| **SFI 2 Record 1 value personalized in CL IMAGE 11 (for test tool usage):** | Click Here to Enter Text. |

## Additional inforamation (optional)

|  |  |
| --- | --- |
| **Is PSE supported?** | Select an Item. |
| **FCI Maximum length:** | Click Here to Enter Text. |
| **Record maximum length in the PSE DIR file:** | Click Here to Enter Text. |
| Proximity Payment Sysytem environment |
| **Is PPSE supported?** | Select an Item. |
| **FCI Maximum length:** | Click Here to Enter Text. |
| Card Personalisation |
| **CPS is supported (PURE application)?** | Select an Item. |
| CLA/INS particularity |
| **non EMV/PURE CLA/INS supported:** | Click Here to Enter Text. |

## Additional information –Level 1

|  |
| --- |
| Contact Interface |
| Level 1 evidence reference\* | Click Here to Enter Text. |
| Issued on: | Click Here to Enter Text. |
| Expires on: | Click Here to Enter Text. |
| Contactless Interface |
| Level 1 evidence reference\* | Click Here to Enter Text. |
| Issued on: | Click Here to Enter Text. |
| Expires on: | Click Here to Enter Text. |
| *\* Reference of an EMV Level 1 Letter of Approval or Level 1 assessment by an accredited Lab.* |

*If other application are available on this card, please fill in the following table.*

|  |
| --- |
| ***Additional Application(s)*** |
| *Application name* | *Package AID* | *Short Description* | *Does this application share the PIN (Local or Global)?* | *Does this application share other data? If yes, please specify.* | *Is this application a default application?* |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |
| Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Click Here to Enter Text. | Select an Item. | Select an Item. |

# Comments and Explanations

Comments and addition explanations:

Click Here to Enter Text.

# Test Laboratory Identification

## Identification

|  |
| --- |
| Test Laboratory Identification |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

# ICS Status

|  |  |
| --- | --- |
| **Status:** | To be Validated |

|  |
| --- |
| Certification Body Identification |
| **Company Name:** | Click Here to Enter Text. |
| Main Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |
| Backup Contact |
| **Contact Name:** | Click Here to Enter Text. |
| **Address:** | Click Here to Enter Text. |
| **Telephone:** | Click Here to Enter Text. |
| **Fax Number:** | Click Here to Enter Text. |
| **Email Address:** | Click Here to Enter Text. |

ICS number[[10]](#footnote-10): **Click Here to Enter Text.**

Date of validation by the Certification Body: **Click Here to Select a Date.**

Signature of the Certification Body’s Representative:

 

1. *Renewal:* Renewal of an already certified product without changes.

*Product Change*: Subsequent submission of an already certified product with no impacting changes (ex: Antenna change).

*New ICS*: All other cases. [↑](#footnote-ref-1)
2. () to be allocated and filled by the Certification Body [↑](#footnote-ref-2)
3. Value shall not be greater than 245 bytes [↑](#footnote-ref-3)
4. Value shall not be greater than 240 bytes [↑](#footnote-ref-4)
5. Value shall be between 32 and 242 bytes [↑](#footnote-ref-5)
6. Value shall not be greater than 240 bytes and shall be multiples of 5 [↑](#footnote-ref-6)
7. Value shall not be greater than 242 bytes [↑](#footnote-ref-7)
8. Card shall support the PDOL data of at least 18 bytes length [↑](#footnote-ref-8)
9. Value shall be between 4 and 12 digits [↑](#footnote-ref-9)
10. to be allocated and filled by the Certification Body [↑](#footnote-ref-10)