

VZW COMPATIBILITY EVALUATION SUBMISSION FOR BLUETOOTH **IOT**

Issued: [March 2008](#) 2006

Date of Shipment: xx/xx/xxxx

To: Name of Person receiving product for Bluetooth accessory testing

From: OEM Vendor Contact

For your BT evaluation we have included the following items for BT testing:

1. Model Number: _____
2. ESN/MEID: _____
3. [Security](#) Tracking ID Number ([engraved on device](#)) : _____
4. MIN (if provided by OEM): ____-____-____
5. List of Accessories provided with package (Please indicate Yes or No)
 - a. Battery –
 - b. Back Door –
 - c. Travel Charger –
 - d. Documentation –
 - e. Other – Please state
6. List BT profiles supported by device (OEM should use info submitted to BT SIG)
(For Example: BPP-SenderDev, DUN-GW, GAP, HandsFree-AG (1.0), Serial-DevA, Serial-DevB, Headset-AG, SDAP, etc.)
 - a. ---
 - b. ---
 - c. ---
 - d. ---
 - e. ---

Upon completion of testing please send test report to:

1. Your VZW Representative(s)
2. OEM Contact listed above

Question/Concerns:

Contact: Name of OEM vendor can call

Address: Address of OEM

Telephone:

Email: