

Date of Shipment: ____ / ____ / ____

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 Charge: _____
 - 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.)

BT version(s) supported: _____

- a. _____
- b. _____
- c. _____
- d. _____

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: _____