



## CI Plus Registration Application

The information requested on this form and the referenced accompanying exhibit are required to apply for a new CI Plus Device Type.

### CI Plus Licensee Details

|                                      |   |
|--------------------------------------|---|
| Licensee Company Name                |   |
| Company Address                      |   |
| Company Contact Name                 |   |
| Company Contact Position             |   |
| Company Contact Phone Number         |   |
| Company Contact Email                |   |
| Type of Registration<br>(See Note 5) | <input type="checkbox"/> <b>Normal Registration</b><br>Test Center Confirmation signature required on page 5<br><br><input type="checkbox"/> <b>Host Self Registration</b><br>Refer to clause 5.2 of the CI Plus Interim License Agreement<br><br><input type="checkbox"/> <b>Upgrade of Registered Host with USB CI Plus Interface support</b> (See Note 12) |

## Details of Device to be Registered

|   |   |
|---|---|
| Device Type Name<br>(See Notes 1, 2 and 14) |   |
| Device Type<br>(See Note 6 and 14)          | <input type="checkbox"/> Host<br><input type="checkbox"/> ECP Host<br>↳ <input type="checkbox"/> CI Plus Root (See Note 7)<br><input type="checkbox"/> Module<br><input type="checkbox"/> ECP Module<br>↳ <input type="checkbox"/> CI Plus Root (See Note 7)<br><input type="checkbox"/> MOST |
| CI Plus Interface Support<br>(See Note 13)  | <input type="checkbox"/> PCMCIA<br><input type="checkbox"/> USB   |
| Device Description                          |   |
| Hardware Identification<br>(See Note 3)     |   |
| Software Version Tested                     |   |

## Device Registration Declaration Information

|   |   |
|---|---|
| Reference Date for Registration<br>(See Note 4)   | Enter date  |
| Device is compliant with the CI Plus ECP Specification or CI Plus Specification<br>(See Note 9)         | CI Plus Specification Version<br><br>CI Plus ECP Specification Version  |
| and all applicable change notes as published by CI Plus LLP and in force on Reference Date              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| Device is in compliance with Compliance Rules for Hosts, Modules or MOST as applicable<br>(See Note 11) | Compliance Rules: Exhibit C/D/ECP_C Version<br><br>Additional Compliance Rules for ECP CICAM Devices: Exhibit ECP_D Version |
| and all applicable changes published by CI Plus LLP and in force on Reference Date                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |

|   |   |
|---|---|
| <p>Device is in compliance with the Robustness Rules for Host, Modules or MOST as applicable<br/>(See Note 10)</p>  | <p>Exhibit B/ECP_B Version</p>                                      |
| <p>and all applicable changes published by CI Plus LLP and in force on Reference Date</p>   | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> |
| <p>In case of a Normal Registration or the Upgrade of a Registered Host with USB CI Plus Interface support, the CI Plus Test Pass Confirmation Report is herewith provided and the CI Plus Robustness Certification Checklist or CI Plus Robustness Checklist for ECP Devices provided herewith is identical to the one submitted to the CI Plus Authorised Test Partner</p>  | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> |
| <p>Two printed photographs of the tested device (one of front view of product and one of main Circuit Board implementing CI Plus functions) are herewith provided for filing by CI Plus LLP or agent acting on its behalf, which may be used by CI Plus LLP for investigation and auditing in case of failure of devices using the Device Type granted based on this Declaration in meeting the Compliance or Robustness Rules. The Photographs should state clearly on the rear the Device Type they show and should be signed and dated by the same person acting as company signatory on this registration form, and will be countersigned by CI Plus Authorised Test Partner.</p> | <p><input type="checkbox"/> Yes<br/><input type="checkbox"/> No</p> |

Notes

1. The Device Type name is used for identification throughout the test, registration and certification process. It is used for:
  - a. documentation tracking, and audit trails
  - b. in the "Product Name" field in the Device Digital Certificate
  - c. on the Web Portal to identify Certificate types for purchase
2. The Device Type name field is restricted to a length of 64 characters using the following printable characters:  
'A'-'Z', 'a'-'z', '0'-'9' ' ( ) + , - . / : = ? and "space"
3. Hardware identification means the unique identifying mark, such as model name, prototype reference number, etc, able to be used by the Test Lab to identify such unique device.

If more than one sample is submitted to the Test Lab to facilitate parallel testing, the Licensee confirms that all samples are functionally identical and the Compliance and Robustness declaration applies to each sample.

4. This date defines the applicable versions of the CI Plus Specifications and Compliance Rules and Robustness Rules. The earliest date permitted in case of a Normal Registration or the Upgrade of a Registered Host with USB CI Plus Interface support is the Device Submission Date for testing to a CI Plus Authorized Test Partner resulting in the accompanying Test Pass Confirmation Report. The earliest date permitted in case of a Host Self Registration is the submission date of the self-test report and Robustness Checklist.
5. Both Module and MOST devices are required to undertake Normal Registration and shall not choose "Host Self Registration".
6. Based on the Device Type selected the device will be provisioned with the following Root of Trust:

| Device Type<br>(Select one only)                           | Mandatory Root of Trust            | Optional Root of Trust | Security Level Extension |
|--|------------------------------------|------------------------|--------------------------|
| Host   | CI Plus Root                       |                        |                          |
| ECP Host   | CI Plus 2nd Root                   | CI Plus Root           | ECP                      |
| Module   | CI Plus Root &<br>CI Plus 2nd Root |                        | Standard                 |
| ECP Module   | CI Plus 2nd Root                   | CI Plus Root           | ECP                      |
| MOST   | CI Plus Root                       |                        |                          |
| CI Plus Root (See Note 7)<br>CI Plus 2nd Root (See Note 8) |                                    |                        |                          |

7. CI Plus Root is the Root of Trust based on the SHA-1 Hash algorithm.
8. CI Plus 2nd Root is the Root of Trust based on the SHA-256 Hash algorithm.
9. Specification version declaration: a CI Plus Device shall provide the CI Plus Specification Version and a CI Plus ECP Device shall provide the CI Plus ECP Specification Version.
10. Robustness Rules version declaration, a CI Plus Device shall provide the Exhibit B Version and a CI Plus ECP Device shall provide the Exhibit ECP\_B Version.
11. Compliance Rules version declaration: a CI Plus Host Device shall provide the Exhibit C Version; a CI Plus ECP Host Device shall provide the Exhibit ECP\_C Version; a CI Plus Module Device shall provide the Exhibit D Version. A CI Plus ECP Module Device shall provide the Exhibit D Version and the Exhibit ECP\_D Version.
12. The Upgrade of a Registered Host with USB CI Plus Interface support is only allowed for CI Plus Host or CI Plus ECP Host Device Types as defined in Change Notice 048.
13. CI Plus Interface means an interface over which CI Plus functionality is implemented. A CI Plus Host Device may support PCMCIA, USB, or both. A CI Plus Module shall support a single CI Plus Interface, either PCMCIA or USB.
14. Enter the same Device Type Name and Device Type as for the initial Device Type Registration, in case of the Upgrade of a Registered Host with USB CI Plus Interface support.

## **Test Pass Confirmation Section**

### **Approved Test Center Details (Not Applicable for Host Self Registration)**

This section has to be completed by the approved Test Center.

|  |  |
|--|--|
| Company Name   |  |
| Test Center Reference Number<br>Number allocated by Test Center for reference purposes   |  |
| Test Plan Version  |  |
| Device Submission Date<br>for this successful test   |  |
| CI Plus Robustness Certification Checklist or CI Plus Robustness Checklist for ECP Devices Inspected and found to provide adequate information | <input type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b><br>Exhibit G/ECP_G Version |
| Signature  |  |
| Name   |  |
| Date   |  |

### **Submitting Company Signature Section**

|           |  |
|-----------|--|
| Signature |  |
| Name      |  |
| Job Title |  |
| Date      |  |

The CI Plus Robustness Certification Checklist or CI Plus Robustness Checklist for ECP Devices is herewith provided for filing by CI Plus LLP or agent acting on its behalf, and may be used by CI Plus LLP for investigation and auditing in case of failure of devices using the Device Type granted by this Registration to meet the Compliance Rules or Robustness Rules.

Please send the signed form and all applicable exhibits to:

DigiCert, Inc.  
CI Plus Device Registration  
Unit 21 Beckett Way  
Park West Business Park  
Dublin 12  
D12 C9YE  
Ireland

Alternatively a signed copy can be scanned and sent as an email attachment to:

[ciplus@digicert.com](mailto:ciplus@digicert.com)

### Reception/Filing Information

To be filled in by CI Plus LLP or designated Agent

|                               |                                     |
|-------------------------------|-------------------------------------|
| Test Report Verified          | <input type="checkbox"/> <b>Yes</b> |
| Robustness Checklist Verified | <input type="checkbox"/> <b>Yes</b> |
| Date of Receipt               |                                     |
| Signature                     |                                     |
| Name                          |                                     |