

APPLICATION FOR REGISTERING A CHECK IMAGE TEST FOR USE IN X9 CHECK STANDARDS

Reference: ANS X9.100-40-2-2006

Note that all mandatory sections shall be completed or the Application will be rejected.

MAIL COMPLETED APPLICATION TO:

Registration Authority for Check Image Tests
Accredited Standards Committee X9, Inc.
Financial Industry Standards
1212 West Street, Suite 200
Annapolis, Maryland 21401

Applications shall be accompanied by a "letter of request" for registration of the submitted check image test. The letter of request shall be on organization letterhead and signed by the authorized representative.

Each image test applies to a single image view.

X9 Inc. reserves the right to require that Applicants pay an administration fee.

The X9 RMG (Registration Management Group) for Check Image Tests reserves the right to reject any Application that in its best judgment does not comply with the published acceptance criteria (refer to ANS X9.100-40-2-2006).

Acceptance of a check image test for registration does not imply endorsement of the test or underlying technology.

This Application Form template is provided as a guide to Applicants. Applicants may modify the form to meet their needs as long as the minimum required information is provided.

To mark a check box, double click on the check box, and then select the "check box enabled" option.

Please do not write in shaded areas.

1	Applicant Information (Mandatory)	
1.1	Organization Name:	
1.2	Organization Address:	
1.3	Organization Web Site URL:	
1.4	Authorized Representative Name: <i>(Authorized Representative is the person within the submitting organization who has authorized/ approved this Application).</i>	
1.5	Authorized Representative Title:	
1.6	Primary Contact Name:	
1.7	Primary Contact Title:	
1.8	Primary Contact Address:	
1.9	Primary Contact Telephone Number:	
1.10	Primary Contact Fax Number:	
1.11	Primary Contact email Address:	
1.12	Alternate Contact Name:	
1.13	Alternate Contact Title:	
1.14	Alternate Contact Address:	
1.15	Alternate Contact Telephone Number:	
1.16	Alternate Contact Fax Number:	
1.17	Alternate Contact email Address:	
1.18	Application Date:	
1.19	Is this Application an update to a previously submitted Application and/or an existing registered check image test?	<input type="checkbox"/> No <input type="checkbox"/> <i>Yes - please provide reference details to identify the previous Application and/or the existing registered check image test:</i>
1.20	Please indicate preferred contact method (select one) for written communications:	<input type="checkbox"/> email <input type="checkbox"/> Fax

Test Name:

2	Image Test Description (Mandatory) <i>A complete description is required for the check image test being submitted for registration. Refer to ANS X9.100-40 Part 1 for more details. Please complete all the 2.x sections below.</i> <u>Note:</u> <i>"2.8 Test Results" and "2.9 Test Parameters" must be fully defined when included as part of the check image test description.</i>	
2.1	Image Test Name (Mandatory):	
2.2	Image Test XML Name (Optional):	
2.3	Image Test Definition (Mandatory):	
2.4	Image Test Applicability (Mandatory): Check all that apply.	<input type="checkbox"/> <i>Front Image</i> <input type="checkbox"/> <i>Rear Image</i> <input type="checkbox"/> <i>B/W Image</i> <input type="checkbox"/> <i>Grayscale Image</i> <input type="checkbox"/> <i>Color Image</i>
2.5	Intended Use (Mandatory): Intended business use/ application, business context, and business impact when test fails.	
2.6	Possible Causes for Condition Being Tested (Optional):	
2.7	Additional (or Repetitive) Information:	

2.8	<p>Test Results Reported (Optional)</p> <p><i>A test result is the outcome realized from executing an image test. The outcome will typically be the observed or measured value of some attribute pertaining to the image being tested.</i></p> <p><i>Each test result shall be defined in detail by completing all 2.8.x sections below.</i></p> <p><i>Cut and paste additional 2.8.x tables as needed.</i></p> <p><i>Any dependency of a test result on an image side (front or rear), image rendition (B/W, Gray, Color), or other condition shall be fully defined in the Additional Information section.</i></p> <p><i>For "Margin of Error", please describe in the Additional Information section how the margin of error was determined (e.g. observation, theoretical considerations, etc.).</i></p> <p><i>Data types allowed are as defined in ANS X9.100-180-2006, but are typically alphabetic, numeric, alphanumeric, signed numeric (using "+" and "-" to denote sign), etc.</i></p>
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2.8.1 First Image Test Result				
Test Result Name:				
Test Result Name (XML) (Optional):	Data Type:	Data Units:	Data Range:	Margin of Error (in Data Units) (Where Applicable):
Description:				
Formula and/ or Algorithm:				
Additional Information:				

2.8.2 Second Image Test Result
Test Result Name:

Test Name:

Test Result Name (XML) (Optional):	Data Type:	Data Units:	Data Range:	Margin of Error in Data Units (Where Applicable):
Description:				
Formula and/ or Algorithm:				
Additional Information:				

Test Name:

2.9	<p>Test Parameters Reported (Optional)</p> <p><i>Examples of image test parameters are threshold values used to compute a pass/fail image test flag condition, and constant values used in a formula or algorithm to compute an image test result.</i></p> <p><i>Each test parameter shall be defined in detail by completing all 2.9.x sections below.</i></p> <p><i>Cut and paste additional 2.9.x tables as needed.</i></p> <p><i>Any dependency of a test parameter on an image side (front or rear), image rendition (B/W, Gray, Color), or other condition shall be fully defined in the Additional Information section.</i></p> <p><i>Any dependency of recommended values on an image side (front or rear), image rendition (B/W, Gray, Color), or other condition shall be fully defined in the Recommended Values section.</i></p> <p><i>Data types allowed are as defined in ANS X9.100-180-2006, but are typically alphabetic, numeric, alphanumeric, signed numeric (using “+” and “-“ to denote sign), etc.</i></p>
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2.9.1 First Test Parameter				
Test Parameter Name:				
Test Parameter Name (XML) (Optional):	Data Type:	Data Units:	Data Range:	Recommended Value(s) (Where Applicable):
Description:				
Additional Information:				

Test Name:

2.9.2 Second Test Parameter				
Test Parameter Name:				
Test Parameter Name (XML) (Optional):	Data Type:	Data Units:	Data Range:	Recommended Value(s) (Where Applicable):
Description:				
Additional Information:				

2.10	<p>Image Test Flag Pass/Fail Criteria (Mandatory):</p> <p><i>The Image Test Flag (see ANS X9.100-40-1-2006 for details) will convey one of the following four test conditions:</i></p> <ul style="list-style-type: none"> • <i>Condition not tested</i> • <i>Condition tested and result = fail</i> • <i>Condition tested and result = pass</i> • <i>Condition tested and result=indeterminate</i> <p><i>Please describe clearly the specific criteria used to determine the pass/fail condition for the Image Test Flag in terms of the defined test results and applicable parameters.</i></p>	
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3	Restrictions & Intellectual Property (Mandatory)	
3.1	Are there any known restrictions in the use of the submitted check image test and related technology (technical, performance, legal, business, platform, etc.)?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>please provide details:</i>
3.2	Are proprietary Intellectual Property (IP) rights in the form of Patents associated with the description and use of the submitted check image test?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Please provide patent and/or patent application numbers and indicate who owns the IP. Also provide evidence that the patent holder agrees to comply with the X9 Procedures including the X9 patent policy:</i>
3.3	Are proprietary Intellectual Property (IP) rights in the form of proprietary material and/or other intellectual property (e.g. specific to a vendor tool, device, or product) associated with the description and use of the submitted check image test?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>Please provide evidence that the owner agrees to provide the Proprietary IP Holder Statement contained in Annex B of ANS X9.100-40-2006 Part 2:</i>

4	Availability (Mandatory)	
4.1	Provide an assessment with supporting data indicating when the requested check image test is expected to be available for use in production environments:	
4.2	Has the requested check image test been field tested or is it in common use?	<input type="checkbox"/> No <input type="checkbox"/> Yes – <i>please provide any applicable details:</i>
4.3	Is software or hardware available that implements the submitted check image test?	<input type="checkbox"/> No <input type="checkbox"/> Yes - <i>Please provide details to the extent that this knowledge is publicly available:</i>

5	Other Information (Optional)	
5.1	Please provide any additional information that is relevant to this Application:	

Notice: By accepting a check image test for registration, ASC X9 is not endorsing, certifying validity, certifying performance, nor providing any warranty for the registered check image test. The organization using the test shall determine which test(s) to use based on their own business needs, perceived benefit, and validation/ assessment of any test results provided by the check image test supplier, their own testing, or a third party.