



**PathFinder Industry Partner Programme  
Certification and Product Questionnaire**

**Version 1.1**

| <b>Security Classification Category (see next page)</b> |                   |   |
|---|-------------------|---|
| Restricted  | Internal GSMA     |   |
| Restricted  | Members           |   |
| Restricted  | Associate Members |   |
| Unrestricted  | Public Release    | X |

## GSM Association

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### Document History

| <i>Version</i> | <i>Date</i> | <i>Brief Description</i>         | <i>Editor/Organisation</i> |
|----------------|-------------|----------------------------------|----------------------------|
| 1.0            | 27 May 2008 | First Issue                      | GSMA and NeuStar           |
| 1.1            | 23 Sep 2008 | Updated with PathFinder Branding | GSMA                       |

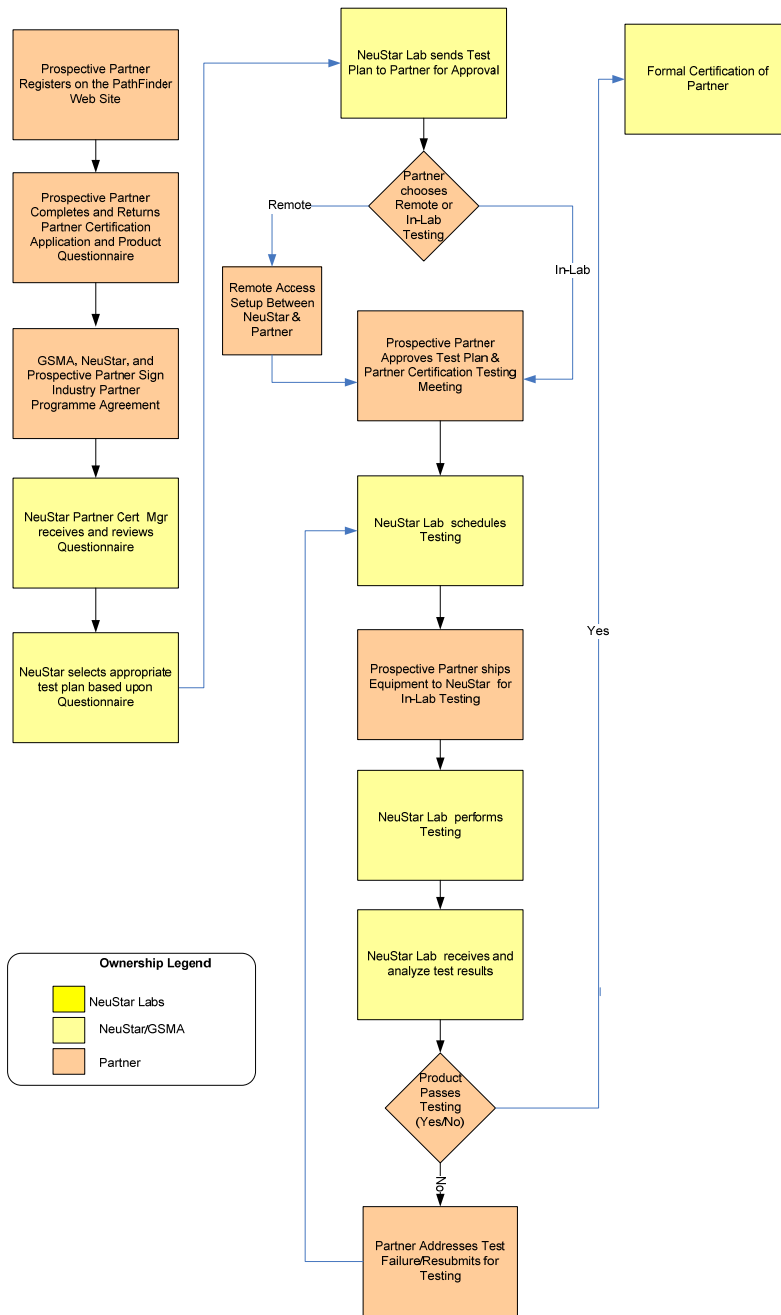
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# 1 BACKGROUND

The GSMA PathFinder Industry Partner Programme is designed to foster working relationships with companies offering products and services that are complimentary to the PathFinder service. Vendors interested in being accredited as part of the programme are requested to complete this questionnaire and return to [pathfinderpartner@gsm.org](mailto:pathfinderpartner@gsm.org).

The following diagram illustrates the process underlying the PathFinder Partner Certification Program:

## GSMA PathFinder Partner Certification



## PATHFINDER PARTNER APPLICATION

Please submit this form to GSMA by email: [pathfinderpartner@gsm.org](mailto:pathfinderpartner@gsm.org)  
All items in this form are mandatory.

**Company Information**

Corporate Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address1: \_\_\_\_\_

Address2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

**E-Mail Addresses**

Routine E-Mails: \_\_\_\_\_

Priority E-Mails: \_\_\_\_\_

**Receives Urgent Notifications**

**Product Manager**

Job Title: \_\_\_\_\_

Title (check one)    Mr. \_\_\_\_    Mrs. \_\_\_\_    Ms. \_\_\_\_    Other \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Partner Marketing**

Job Title: \_\_\_\_\_

Title (check one)    Mr. \_\_\_\_    Mrs. \_\_\_\_    Ms. \_\_\_\_    Other \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Product Technical Contact**

Job Title: \_\_\_\_\_

Title (check one):    Mr. \_\_\_\_    Mrs. \_\_\_\_    Ms. \_\_\_\_    Other \_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

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Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**International Vendors**

Best time of the day (locally) to contact \_\_\_\_\_

Time Zone: \_\_\_\_\_  
Daylight Savings information (If applicable) \_\_\_\_\_

**Languages**

Vendor staff is English speaking Yes \_\_\_\_ No \_\_\_\_  
If no, what is your primary language?

\_\_\_\_\_

Besides your primary language, what other languages does your business support? (Please list all)

**For Internal Use Only**

|  |  |
|--|--|
| Certification Testing Payment Received |  |
| Passed Certification Tests:            |  |
| PathFinder Partnership Award Date:     |  |
| Pathfinder Site Access Granted:        |  |

## PATHFINDER PRODUCT CERTIFICATION QUESTIONNAIRE

### Product Submission Information

|  |   |
|--|---|
| Date of Submission                       |   |
| Certification Type                       | <input type="checkbox"/> Provisioning <input type="checkbox"/> Query <input type="checkbox"/> Zone Transfer                                   |
| Certification Testing Date(s)            |   |
| <b>* Description of Product</b>          |   |
|  |   |
| Method of Shipment                       | <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> Private Courier <input type="checkbox"/> Other:<br>_____ |
| Number of Shipping Boxes                 |   |
| Shipment Tracking Number                 |   |
| Process for Returning Product to Partner |   |

| <b>Product Installation Requirements</b> |  |
|--|--|
|  |  |
| Rackspace Requirements                   |  |
| Network Requirements                     |  |
| Power Requirements                       |  |
| <b>Unusual Physical Requirements?</b>    |  |
|  |  |

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|                        |  |  |
|------------------------|--|--|
| Technical Contact Name |  | Technical Contact to be onsite for testing Y / N |
| Address                |  |  |
| Phone Number           |  |  |
| Mobile Number          |  |  |
| Fax Number             |  |  |
| Email Address          |  |  |