

**1 TEST ENVIRONMENT USER**

Business ID, TIN of home state or other identifier	Name of testing organisation
Address	

**Testing contact person**

Name	
Mobile phone number	E-mail address

**Technical contact person** (Check the mobile phone number and e-mail address)

Name	
Mobile phone number (in international format)	E-mail address

**2 ARTIFICIAL BUSINESS ID USED IN TESTING**

<input type="checkbox"/> Our organisation uses the same Business ID as in previous testing.  Artificial Business ID: _____ Artificial social security number: _____	
<input type="checkbox"/> Our organisation wants a new Business ID or has not tested the Incomes Register previously.	

**3 INTERFACE SERVICE USED IN TESTING**

<input type="checkbox"/> TAAPI	<input type="checkbox"/> ApitamoPKI
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**4 TESTING ENVIRONMENT'S TERMS OF USE, AND ACCEPTANCE OF THE TERMS**

**NB! Remember to sign the form, scan it and send a scanned form.**

<input type="checkbox"/> Our organisation accepts the testing environment's terms of use (VH/701/02.10.01/2021) and agrees to follow them.		
Date and location	Signature, name in print and title of the organisation's representative	Phone number