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| Test Scope Compliance Form for *Bluetooth*® Qualification Test Facilities and Bluetooth Recognized Test Facilities |
| * **Abstract:**   This form shall be used by Bluetooth Qualification Test Facilities and Bluetooth Recognized Test Facilities to confirm their Qualification test capabilities to the Bluetooth SIG. This form must be completed and submitted to Bluetooth SIG by each Bluetooth Qualification Test Facility and Bluetooth Recognized Test Facility within three months after the publication of each new version of TCRL by the Bluetooth SIG.   * Instructions:   Complete Sections 1-2 of this form in accordance with the instructions provided; read and sign the Attestation in Section 3; and submit the completed and signed form to Bluetooth SIG. |

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**Test Scope Compliance Form**

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Revision History

| Revision Number | Date | Comments |
| --- | --- | --- |
| 1.0 | 5 March 2018 | First release |
| 1.1 | 9 May 2019 | Updated to incorporate changes for Core Specification 5.1  Consolidated LE Protocols:1 and LE Protocols:2 |
| 1.2 | 9 December 2019 | Updated to incorporate changes for Core Specification 5.2  Updated assessment requirements in Section 2 |
| 1.3 | 28 April 2020 | Removed optional scope options for LE and BR/EDR protocols and added new scope option for Host Protocols:1  Updated additional scope assessment requirements in Section 2  Remove scope option for External Protocols:1 |
| 1.4 | 5 December 2022 | Added GATT-Based Audio in Supplemental Scope Options  Updated all instances of “RF-PHY” to “RFPHY” |

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# General Test Facility Information

**Instructions:** Provide the following information about the test facility for which this form is being completed (the "**Facility**").

|  |  |
| --- | --- |
| **Name of Test Facility:** |  |
| **Owner (Company) of Test Facility:** |  |
| **Type of Test Facility** | o Bluetooth Qualification Test Facility  o Bluetooth Recognized Test Facility |
| **Test Facility Physical Address:** |  |
| **Website URL** |  |
| **Contact Person Name:** |  |
| **Contact Person Contact Information:** | [Address]  [Telephone]  [Fax]  [Email] |

## Test Scope Updates

**Instructions:** Complete the following information for each TCRL release or scope update.

|  |  |
| --- | --- |
| **TCRL version test facility is current to:** |  |
| **Is there a change in scope?** | o Yes  o No  If No is answered then Section 2 is the same as the previous Test Scope provided by this test facility |
| **List of test validated equipment** |  |
| **List of test facility defined test equipment** |  |

# Test Scope Compliance Form

The purpose of this form is for the Facility to identify and update information about the test capabilities at the Facility. Check the boxes in Columns 1 of the tables below to indicate the test scope options for which the Facility performs Bluetooth-related testing, including any additional selected testing capabilities associated with the selected test scope options. The test scope options listed in Section 2.1 are primary options, and the test capabilities listed in Section 2.2 are supplemental options. A supplemental option may only be selected if the required primary option(s) (as indicated in Column 1 of the table in Section 2.2) associated with that supplemental option is also selected.

Additional Accreditation Scope options that can be enabled by software updates to the existing Authorized Scope will not require an additional audit from a Bluetooth Technical Assessor to update the Authorized Scope for your facility. The Test Facility must submit an updated Test Scope Compliance Form to Bluetooth SIG for the proposed accreditation scope change.

In Column 3, list all test equipment at the Facility that supports the relevant test scope (including test equipment name and version), and in Column 4, identify the TCRL version that the test equipment supports.

## 2.1 Primary Scope Options

| **Column 1:**  **Scope option**  *Check below to indicate the primary scope option(s)* | **Column 2:**  **Associated required testing capabilities** | **Column 3:**  **Test equipment info**  *Test equipment name, test equipment version* | **Column 4:**  **TCRL version supported** |
| --- | --- | --- | --- |
| o RF:1 | Vol 2 Part A Radio Specification, in the Test Suite RF.TS, which includes receiver and transmitter tests for Bluetooth Basic Rate (BR) and Enhanced Data Rate (EDR), EDR2 and EDR3. |  |  |
| o HS:1 | Vol. 5, Part A 802.11 Protocol Adaptation Layer (802.11 PAL) in the Test Suite 802.11 PAL.TS |  |  |
| o RFPHY:1 | (a) Vol 6 Part A, Physical Layer Specification, in the Test Suite RFPHY.TS which includes receiver and transmitter tests for LE 1 Mb/s; with  (b) fixed 37 bytes packet payload length, and  (c) packet length extensions (packet payload length ranges from 37 bytes to 255 bytes) |  |  |
| o RFPHY:2 | Vol 6 Part A, Physical Layer Specification, in the Test Suite RFPHY.TS which includes receiver and transmitter tests for  (a) 20 dBm Higher Output Power RFPHY  (b) LE 2Mb/s  (c) Coded PHY (125 kb/s or 500 kb/s)  (d) Stable Modulation Index  (e) All required testing capabilities associated with the RFPHY:1 test scope option |  |  |
| o RFPHY:3 | Vol 6 Part A, Physical Layer Specification, in the Test Suite RFPHY.TS which includes receiver and transmitter tests for  (a) AoA/AoD (IQ Samples Coherency AoD/AoA Receiver, IQ Sample Dynamic Range AoD/AoA Receiver)  (b) All required testing capabilities associated with the RFPHY:2 test scope option |  |  |
| o BR/EDR Protocols:1 | (a)   Vol 2 Part B, Baseband (BB) Specification, in the Test Suite BB.TS  (b)   Vol 2 Part C, Link Manager Protocol (LMP) Specification, in the Test Suite LMP.TS  (c)    Vol 2 Part E Host Controller Interface (HCI) Specification, including the BR/EDR only HCI tests in the Test Suite HCI.TS |  |  |
| o LE Protocols:1 | (a)   Vol 6 Part B Link Layer (LL)Specification, in the Test Suite LL.TS  (b)   Vol 2 Part E Host Controller Interface (HCI) Specification, including the LE only and BR/EDR/LE HCI tests in the Test Suite HCI.TS |  |  |
| o LE Protocols:2 | (a) Vol 6 Part G Isochronous Adaptation Layer (IAL)Specification, in the Test Suite IAL.TS (Isochronous Adaptation Layer)  (b) All required testing capabilities associated with the LE Protocols:1 test scope option |  |  |

## 2.2 Supplemental Scope Options

| **Column 1:**  **Scope option**  *Check below to indicate the supplemental scope option(s)*  *The following options may only be selected if at least one Primary Scope option is supported in the table above.* | **Column 2:**  **Bluetooth Specification reference(s)** | **Column 3:**  **Test equipment info**  *Test equipment name, test equipment version* | **Column 4:**  **TCRL version supported** |
| --- | --- | --- | --- |
|  Host Layers | Layers above HCI in the Bluetooth SIG adopted Core Specifications |  |  |
| o Traditional Profiles and Protocols | Bluetooth SIG adopted Profile and Protocol Specifications external to the Core in the Profile TCRL |  |  |
| o GATT-Based Profiles & Services | Bluetooth SIG adopted Profile and Service Specifications operating over the GATT architecture in the GATT based TCRL |  |  |
| o GATT-Based Audio | Bluetooth SIG adopted next generation audio; transport agnostic control, audio streaming over LE isochronous channels, codec, and upper layer profile specifications in the GATT-Based Audio TCRL |  |  |
|  Bluetooth High Speed (HS) supportive protocols |  IEEE 802.11 PHY in the Core TCRL   MAC Layers (IEEE 802.11-2007) in the Core TCRL |  |  |
|  Mesh Profile & Mesh Models | Bluetooth SIG adopted Mesh Profile and Mesh Model Specifications in the MESH-MMDL TCRL |  |  |

# Attestation

I represent and warrant that: (a) I am authorized to submit this Bluetooth Test Scope Compliance Form on behalf of the Facility; (b) I have completed this Bluetooth Test Scope Compliance Form in accordance with the instructions herein; and (c) all information provided in this Test Scope Compliance Form is true and accurate.

Signature Date

Print Name