

Home Area Network Device Validation Program v1.0

AmerenIL HAN Device Submission Form (Submit 1 device per form)

Contact Information			
Vendor Name:	Contact Name:		
Email:	Phone:		
Submission Type			
What types of device are you submitting?			
IHD PCT	Gateway		Smart Appliance
LCS Repeater	Galeway		Smart Appliance
LCG Repeater			
Device Certification			
Is the device SEP 1.1 certified?		☐ Ye	s 🗌 No
Does the device have SEP 1.1 functionality		☐ Ye	s 🗌 No
If yes, list the functionality:			
Does the device have production certificates?		☐ Ye	s 🗌 No
(Each submitted device must have production certi	ficates)		
Submission Information			
1. Has this device passed L+G interoperability test (If yes, attach the results.)	ing?	☐ Yes	□ No
2. Are there any known issues with this device?		☐ Yes	□ No
Explain:			
3. Has this device been previously validated by An	neren Illinois?	Yes	□ No
Explain:			
4. Is the device being resubmitted to complete val	idation?	☐ Yes	S No
5. Is the documentation included with this device?		☐ Yes	
If no, provide provisioning/joining	•		
instructions, software installation device/portal/software User ID an	-		
(if needed), and portal setup steps	•	i iiccu	ca,, portar one



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Device Informat	ion				
Device Type:		Firmware Version:			
Model Name/Numb	er:	Sleepy Device? Yes No			
MAC Address:		Install Code:			
Submission Date:					
If the Device is a	Gateway				
Web Portal?	☐ Yes ☐ No	Portal Version:			
User ID:		Password			
Software?	☐ Yes ☐ No	Software Version:			
User ID:		Password			
Compliance with	n Standards and Regulation	ons Related to Consumer Privacy:			
The vendor agrees to comply with all applicable federal, state and local laws and regulations		☐ Yes ☐ No			
	ceipt of customer-specific				
	ta in connection with any				