

Date: DD Month YYYY

To: Jean L. Fontana
Joint Integration Test Facility

Subject: Program Name (ACRONYM) X.X In-Plant Acceptance Testing (IPAT)

1. The ACRONYM X.X successfully completed functional certification IPAT. The ACRONYM Program Manager has overseen successful implementation and testing of all required functional capabilities unless otherwise noted in the attached deficiency report.
2. In addition, the ACRONYM Program Manager provides the following information in anticipation of DoDIIS Certification requirements:
 - Successfully installed and configured ACRONYM X.X following the instructions identified in the program documentation.

Installation Document Title & Date	
PMO Personnel Overseeing Installation and Configuration	
Configuration Information --Operating Systems & Patch levels --COTS or GOTS installed prior to first step in Installation document identified above	
Date installation and configuration conducted	
Length of time to install	

- Early Interface Testing was/was not conducted: If Early Interface Testing was conducted, please identify the programs and specific versions used to conduct testing.
 - Security Test Procedure Dry Runs were completed on DD MMM YYYY by the following individual(s): Provide name(s) of PMO personnel overseeing the dry runs.
3. Please address any questions concerning ACRONYM testing with PMO POC, Title at Comm (NNN-NNN-NNNN) or DSN (NNN-NNNN), email address.

SIGNATURE

Program Manager, ACRONYM