



We,

Company Name: FlexKom Technology Asia LimitedAddress: Unit B,11 Floor, Silvercorp International Tower, 707-713 Nathan RoadPostal/Zip: _____ City: KowLoon State/Province: _____ Country: Hong KongContact Person: ☒ Mr. ☐ Ms. Name: PETER Gruenewald Function: _____Email: p.gruenewald@flexkom.com Web: _____ Phone: 15253542629 Fax: _____

declare for the equipment identified by:

Product Description Flexkom PosType or Model(s) POS-5M, POS-6MTradename or Brand(s) FlexGold

that:

This device complies with Part 15 of the FCC Rules.**Operation is subject to the following two conditions:**

- (if the DoC test reports are as follows)
- ☐ a). The following test results:
- (1) this device may not cause harmful interference, and
 - (2) this device must accept any interference received, including interference that may cause undesired operation.

Accredited Test Firm or Laboratory name: _____

Test Report Number: _____

Date of issue: _____

(if no DoC test report is available at this moment, then if you agree with the statement made in item b below, please cross item b below)

- ☒ b). DoC testing is pending at this moment, but will execute and finish the required DoC testing in an FCC accredited Laboratory *before* marketing the device in the U.S. The following Accredited Test Firm will complete DoC testing:

Accredited Test Firm or Laboratory name: _____

HK Standards and Testing Centre (HKSTC)Add: 38/F, Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong**Attestation:**In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the [FCC rule part 15.19](#).

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
shenzhen	2014.7.20	PETER Gruenewald	manager	