Information Security IOT Technology Co., Ltd. Floor1, Building B, Floor2, 4C, 5A, Building A, Huipu Industri al park, Cenxia Road, Fuyong town, Baoan district, shenzhen

## FCC Declaration of Conformity

Number: **CF302** Version: **V03** Date: 22-08-2011

**DoC** 

We,			

	Company Name: Information Security IOT Technology Co., Ltd.  Address: Huipu Industrial District Bld A, Floor 2 & 4C, Floor 5 A&B, Cenxia Road, Fuyong town,Baoan district, Shenzhen,								nzhen China		
Postal/Zip:			City: Shenzhen			-	State/Province:		-	Country: China	
Contact Pe	-	$\boxtimes$	Mr.			Hu Kang Xiang		Fun	nction: Manager	, —	
Email:		Kangx	angxhu@chinacnit.com		Web:	F	Phone:	86-755-511888 ext 65249	8 Fax:	86-755- 81456291	
declare for					•	CH MONITOR					
Type or M	Model(s)		XX DS S-{ T-7 XX (X) cha XX me	(XXX55 S-65E,IE 58E,G-1 70E,I-7( (XXX70 XXXX ii aracter (XXXX)	SXXXX DB-65E 58E,DM DE,C-7 DXXXX nstead "A-Z" o X instead ally equ	XXX;T-65E,I-65 E,I-65E-BM,XXX M-58E,DS-58E,I 0E,N-70E,S-70I XXX of character "A- or "a-z" or "0-9" ad of different m	E,G-55E,DM-55E,D E,C-65E,N-65E,S-6 XX65XXXXXXX,T- DB-58E,I-58E-BM,, E,G-70E,DM-70E,D -Z" or "a-z" or "0-9" or " - " or blank. XX arket area and clier under test, does no	65E,G- 58E,I- XXXX S-70E or " - " XXX in nt, all a	65E,DM-65E, 58E,C-58E,N- X58XXXXXX, ,IDB-70E,I-70 or blank, XXX astead of the a added models	58E, C; E-BM, CXXXX ppeara are ele	nce color, ctrically and
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(	(2) this	devic	e mus	st acce nay cau	pt any ise und	lesired operatio	eived, including n.				
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(if the DoC to a). The Accredited Cerpass  (if no DoC to b). DoC	ne follow  Test Firm  Technologiest report i	ing team or Labology  s availagis pe	st repeatorate  Corpa	this mome	nt, then if	Test R DEFD  You agree with the st	eport Number: 1401106	elow, plea	Date May use cross item b bei	of issue: 7, 2014 ow) FCC ac	credited

## 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  $\underline{FCC}$  rule part 15.19.

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
Shenzhen China	2014-05-08	Hu Kang Xiang	Manager	the file