



We,

Company Name: SHENZHEN Hitevision Technology Co., Ltd.

Address: Liu Xian No.2 Road, Xin An Street, Bao An district,

Postal/Zip: \_\_\_\_\_ City: Shenzhen State/Province: \_\_\_\_\_ Country: China

Contact Person:  Mr.  Ms. Name: Avril Xiao Function: \_\_\_\_\_

Email: xiaowei@honghe-tech.com Web: \_\_\_\_\_ Phone: 0755-21639981 Fax: 0755-21639981

declare for the equipment identified by:

Product Description	<u>Multifunction Interactive Whiteboard</u>
Type or Model(s)	<u>HV-MC92,HV-M1xx,HV-MI1xx,HV-Mbxy,HV-MI1xxy, HV-MCxx,HV-MC1xx,HV-MCxy,HV-MC1xxy, HV-MExx,HV-ME1xx,HV-MExxy,HV-ME1xxy HV-ME1xxy("x" represent 0-9 random numbers , "y"represent A-Zor a-z random letters)</u>
Tradename or Brand(s)	<u>N/A</u>

that:

**This device complies with Part 15 of the FCC Rules.**

**Operation is subject to the following two conditions:**

- (1) this device may not cause harmful interference, and**
- (2) this device must accept any interference received, including interference that may cause undesired operation.**

(if the DoC test reports are available at this moment, please cross item a below)

a). The following test reports, issued by an FCC accredited Laboratory, are subject to this declaration:

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	2014.8.25	Avril Xiao	Manager	