

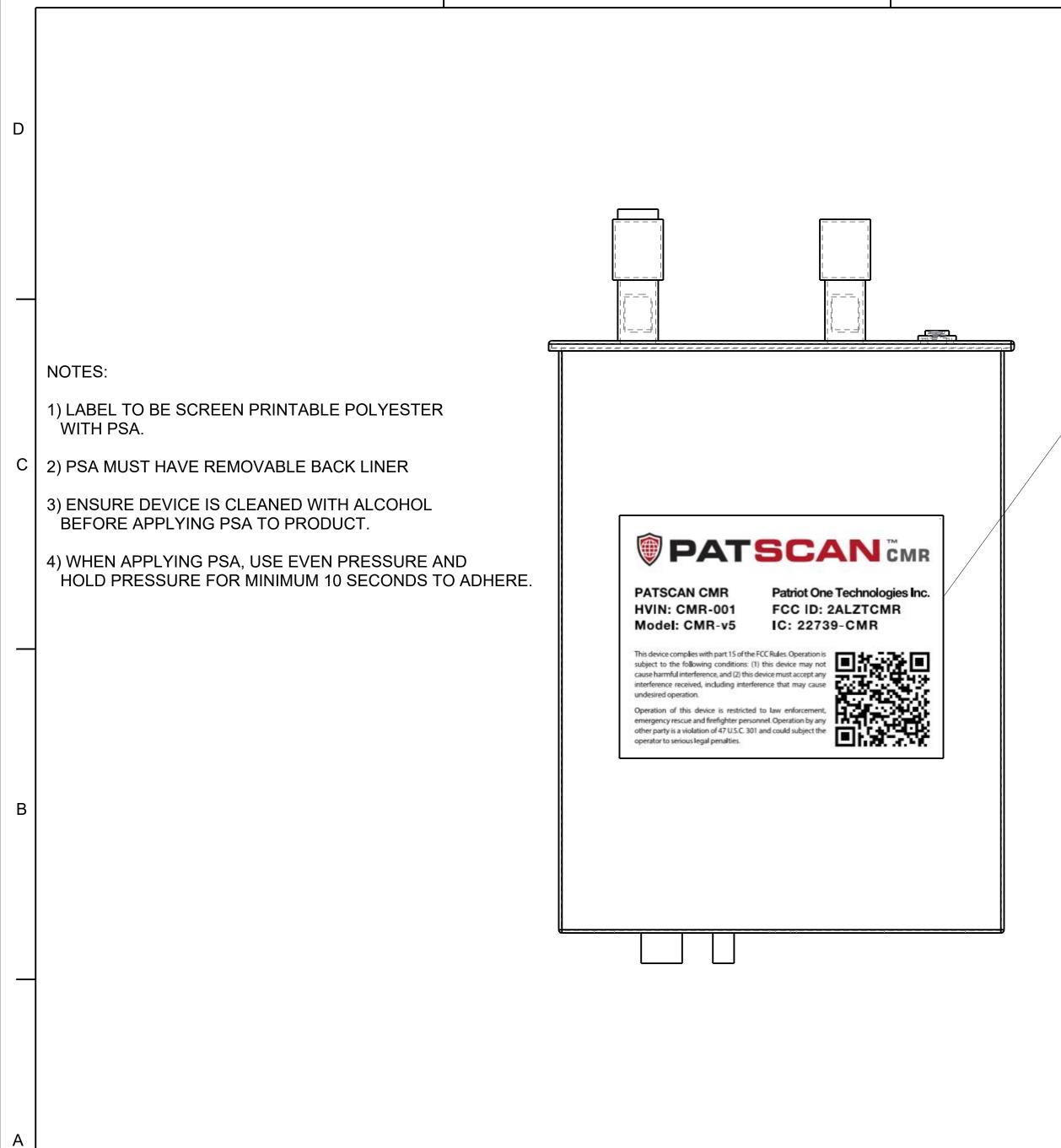
PATSCAN CMR HVIN: CMR-001 Model: CMR-v5

Patriot One Technologies Inc. FCC ID: 2ALZTCMR IC: 22739-CMR

This device complies with part 15 of the FCC Rules. Operation is subject to the following 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.

Operation of this device is restricted to law enforcement, emergency rescue and firefighter personnel. Operation by any other party is a violation of 47 U.S.C. 301 and could subject the operator to serious legal penalties.





| REVISION HISTORY | | | | | | | | |
|------------------|-----------------|----------|----------|-------------|--|--|--|--|
| REV. | DESCRIPTION | MODIFIED | APPROVED | DATE | | | | |
| A | INITIAL RELEASE | - | | DD-MMM-YYYY | | | | |

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-LABEL TO BE CENTERED AND PLACE ON BOTTOM OF CMR ROUGH DIMENSIONS OF LABEL 4"X3"

| DESIGNED | | DATE | | | | |
|-----------------------------|-------------|-------------------|---|-------------------|------|--|
| - | | DD-MMM-YYYY | | | | |
| DRAWN DATE | | | | | | |
| CALVIN C | ; | DD-MMM-YYYY | | | | |
| CHECKED | | DATE | THIS DOCUMENT CONTAINS INFORMATION WHICH IS THE EXCLUSIVE PROPERTY OF PEGMATIS, REPRODUCTION OR USE BY OTHERS IS NOT PERMITTED | | | |
| - | | - | WITHOUT THE EXPRESS WRITTEN CONSENT OF PEGMATIS. | | | |
| APPROVED | | DATE | DESCRIPTION | | | |
| | | CMR LABEL DRAWING | | | | |
| 3-RD ANGLE PROJECTION | | | | | | |
| SCALE | SCALE SHEET | | SIZE | DRAWING NO. | REV. | |
| 1.000 | | 1 of 2 | D | CMR_LABEL_DRAWING | А | |
| UNITS | MM | | MODEL | | | |



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NOTES:

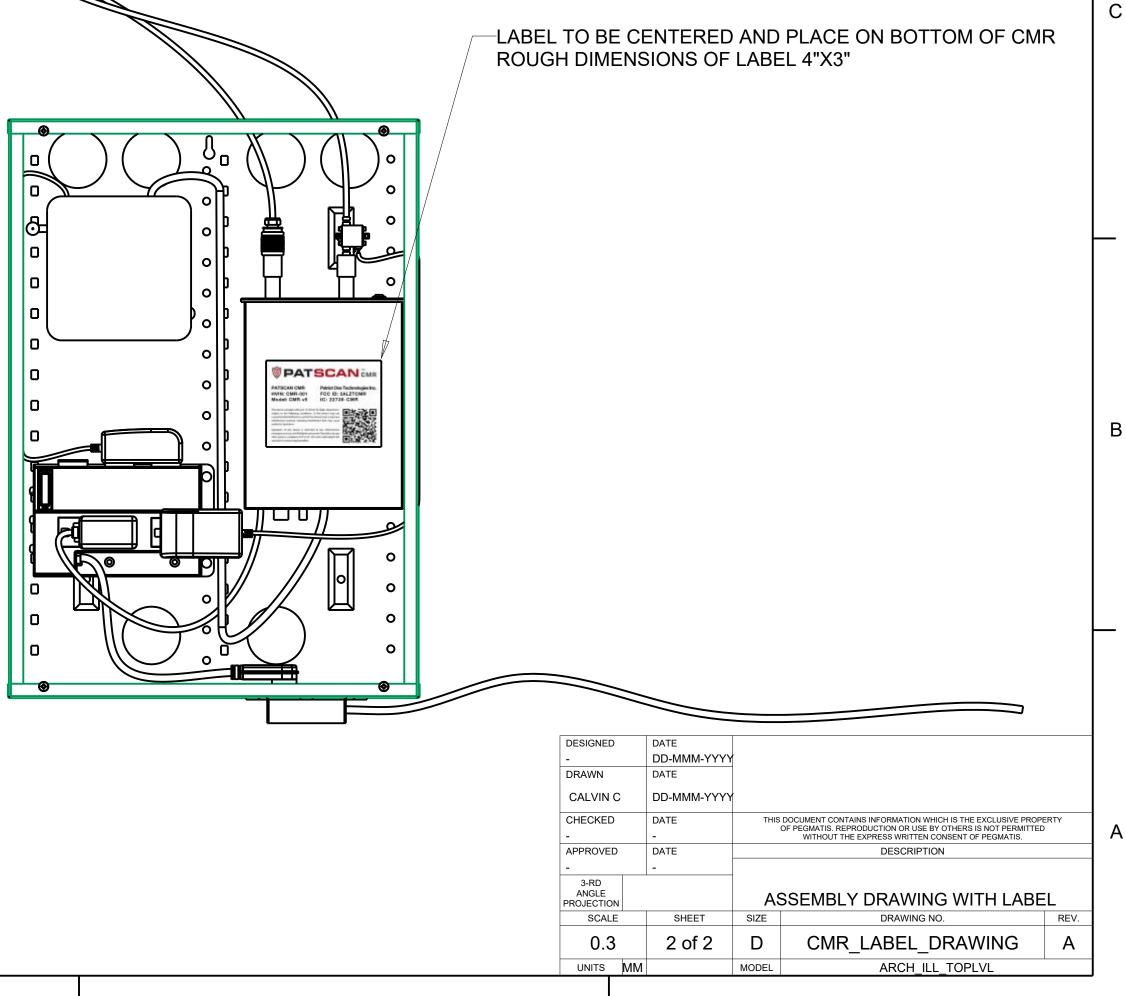
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- 1) LABEL TO BE SCREEN PRINTABLE POLYESTER WITH PSA.
- 2) PSA MUST HAVE REMOVABLE BACK LINER
- 3) ENSURE DEVICE IS CLEANED WITH ALCOHOL BEFORE APPLYING PSA TO PRODUCT.
- 4) WHEN APPLYING PSA, USE EVEN PRESSURE AND HOLD PRESSURE FOR MINIMUM 10 SECONDS TO ADHERE.
- 5) THE SERVICE BOX WILL BE SHIPPED WITHOUT THE LID ATTACHED, THEREFORE THE LABEL IS CLEARLY VISIBLE. THE LID IS SHALL BE ATTACHED DURING INSTALLATION OF THE UNIT.



| | REVISION HISTORY | | | | | | | |
|------|------------------|----------|----------|-------------|--|--|--|--|
| REV. | DESCRIPTION | MODIFIED | APPROVED | DATE | | | | |
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