REXING INC.

264 Quarry Rd., Unit D Milford Connecticut United States

UNII Device Declaration Letter

To	whom it may cond	cern:								
	have declared be vice FCC ID: 2AW		ed for FCC	equipment	t authorizat	ion,				
(1)) DFS Device:			Master N/A	☐ Client with Radar detection capability ☐ Client without radar detection capability,					
(2)	Active / Passive	Scanning ,	adhoc mod	de access ¡	point capab	ility				
	Frequency Band (MHz)	Active Scanning (the device can transmit a probe (beacon))		passive scanning (where the device is can listen only with no probes)		Ad Hoc Mode capability		Access point capability		
	5180-5240		☐ No		☐ No		☐ No		☐ No	
	5190-5230		☐ No		☐ No		☐ No		No No	
	5210-5210		☐ No		☐ No		☐ No		☐ No	
	Country code selection ability Yes No If yes, pls explain how it was implemented: No Meet 15.202 requirement Yes No									
	pls check below A master dev transmit without initiate a networ A client device device are under	rice is defin receiving a k by sendir e is defined	an enabling ng enabling d as a devid	signal. In signals to be operating	this mode in other device g in a mode	t is able to s es e in which th	select a cha	annel and ssions of the)	
(5)	scanning in some equipment class configure the monoperations descriptoper operation Apply	or client devices that have software configuration control to operate in different modes (active canning in some and passive scanning in others) in different bands (devices with multiple quipment classes or those that operate on non-DFS frequencies) or modular devices which configure the modes of operations through software, the application must provide software and perations description on how the software and / or hardware is implemented to ensure that oper operations modes cannot be modified by end user or an installer. Apply Does not apply apply, pls help to provide explanation on it was implement, and how software was controlled.								
Should you have any questions or comments regarding this matter, please have my battention.										
	Sincerely,	Sm								
	(Signed) Name/Title: Company: Address: Phone: Fax: E-Mail:	REXIN 264 Qu 13424: N/A	Sun/Manag IG INC. uarry Rd., L 388340 2253@qq.c	Jnit D Milfo	ord Connect	icut United	States			