



2013/10/25

Federal Communications Commission
Authorization and Evaluation Division

Dear Regulatory Authority,

We, the undersigned, hereby declare that Declaration of Conformity procedures will be applied to the digital device portion of the following product:

Product name: Car Video Recorder

Model: DrivePro

Test report: ISL-13LR198FB

(Product Identification)

It is herewith confirmed and found to comply with the requirements set up by ANSI C63.4 & FCC PART 15 regulations for the evaluation of electromagnetic compatibility.

This Device complies with Part 15 of the FCC rules, operation is subject to the following two conditions.

This device may not cause harmful interference and,

This device must accept any interference received, including interference that may cause undesired operation.

TEST LABORATORY

International Standards Laboratory

Lung-Tan Hsiang, Tao Yuan County 325, Taiwan

FCC Registration Number: TW1036.

TAF Accreditation No.: 0997; IC: IC4067B-3, BSMI MRA Test Lab.

Sincerely,

Rita Hsu

Transcend Information Inc.

Declaration of Authorization

We

Name: Transcend Information Inc.
Address: No.70, Xing Zhong Rd., NeiHu Dist., Taipei, Taiwan
Country: Taiwan

Declare that:

Name: International Standards Laboratory
Address: No. 120, Lane 180, San Ho Tsuen, Hsin Ho Rd
City: Lung-Tan Hsiang, Tao Yuan County
Country: Taiwan

is authorized to apply for Certification of the following product(s):

Product description: Car Video Recorder
Type designation: DrivePro
Trademark: Transcend

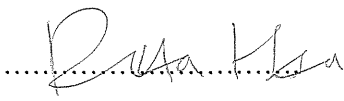
on our behalf.

Date: 2013/10/25.....

City: Taipei

Name: Rita Hsu (2)

Function: Engineer.....

Signature: 

Notes:

(1): Required for FCC application

(2): For FCC it must be the Grantee Code "owner" or the authorized agent.

Company Name: **International Standards Laboratory**
Address: **No.70, Xing Zhong Rd., NeiHu Dist**
City: **Taipei**
Country: **Taiwan**

To: **Telefication B.V., Dept. FCC TCB**
Edisonstraat 12A
6902 PK ZEVENAAR
The Netherlands

Subject: Request for confidentiality FCC ID: **A4Z-DP200**

Reference number: #####

Dear FCC TCB,

1. Long-Term Confidentiality

Pursuant to 47 CFR Section 0.459(a) & (b), we hereby requests non-disclosure and confidential treatment of the following materials submitted in support of FCC certification application:

- Bill(s) of Material Block Diagrams
- Operational Description Schematic Diagrams Tune-up Procedure

Above materials contain secrets, proprietary and technical information, which would customarily be guarded from competitors under 47 CFR, section 0.457(d)(2). Disclosure or publication or any portion of this company confidential material to other parties could cause substantial competitive harm and provide unjustified benefits for competitors.

2. Short-Term Confidentiality (STC)

Pursuant to Public Notice DA 04-1705 of the Commission's policy, in order to comply with the marketing regulations in 47 CFR §2.803 and the importation rules in 47 CFR §2.1204, applicant hereby requests Short-Term Confidential treatment of the following materials (note 1):

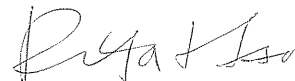
- Internal Photos User's Manual Test Set-up Photos External Photos

Justification:

Planned Release Date STC: (notes 2, 3, 4, 5)

Date: **2013-10-25**

Name and signature of applicant: **Rita Hsu**



Notes:

- 1) A document or type of document can only have ONE type of confidentiality!
- 2) Short-Term confidentiality is in principle for 45 days from date of grant; it can be extended max 3 times (total time 180 days max.)!
- 3) FCC must be informed when marketing begins earlier.
- 4) Release takes place automatically thus extension must be requested in time. Telefication does not remind you of this!
- 5) Request for extension or for release must be received by Telefication at least 7 days before date of actual marketing or before expiration of the STC period

SECTION III – EQUIPMENT AUTHORIZATION SUMMARY

1. a) Long-Term Confidentiality:
Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR §0.459 of the Commission's Rules? If "Yes" a letter shall be attached. Yes No

b) Short-Term Confidentiality
Does short-term confidentiality apply to this application? Yes No
If yes, specify the short-term confidentiality release date (MM/DD/YYYY format): (if no date given the default will be 45 days from grant date; max time 180 days from grant date!). A letter shall be attached.

2. Modular Equipment: (You have to select the correct type!)
Modular Type: Does not apply Single Modular Approval Limited Single Modular Approval
 Split Modular Approval Limited Split Modular Approval

3. Type of equipment authorization request (check one box only) Certification Type Acceptance Notification

4. (a) Equipment Code: D T S and/or FCC part (see the Instructions, pages 4-8): Part15.247 (b) Equipment description to appear on FCC grant: Car Video Recorder

5. Application is for: (Check one box only)
 1. Original equipment (See the Instructions) 2. Change in identification of presently authorized equipment 3. Class II permissive change or modification of presently authorized equipment (See the Instructions)
ORIGINAL FCC ID Grant date

6. EQUIPMENT SPECIFICATIONS: (See the Instructions)

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance in %, Hz, or ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number
2402-2462	0.138			

7. Is the equipment in this application:
(a) a composite device subject to more than one type of equipment authorization? Yes No
(b) part of a system that operates with, or is marketed with, another device that requires equipment authorization? Yes No

(c) **If either of the above questions is answered "Yes" complete the following statement.**
The related application: is in the process of being filed under the FCC ID(s) listed below:

FCC ID: FCC ID: FCC ID: FCC ID:

8. (a) Name of test firm on file with the FCC:

(b) Number, street, City, State, ZIP/Postal Code, Country, Contact person, Contact email:	No. 120, Lane 180, San Ho Tsuen, Hsin Ho Rd., Lung-Tan Hsiang, Tao Yuan County, 325 Taiwan Vincent Su vincent_WH_su@isl.com.tw	(c) Telephone No. (Area/Country/City code, No. and Ext.) +886-2-66123337
		(d) FAX No. (Area/Country/City code and No.) +886-2-66127235

9. Equipment Authorization Waiver

Is there an equipment authorization waiver associated with this application?
Yes No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? Yes No

10. Related OET KnowledgeDataBase (KDB) Inquiry
Is there a KDB inquiry associated with this application? Yes No

If yes, enter the inquiry tracking number:

SECTION IV – Read each certification carefully before answering and signing this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001, AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND /OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

1. SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The grantee must certify that neither the grantee nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR §1.2002(b) for the definition of a "party" for these purposes.

Does this grantee or authorized agent so certify? Yes No

2.(a) GRANTEE/AGENT CERTIFICATION:

I certify that I am authorized to sign this application and declare that we have not requested for a Grant of the same equipment by another TCB or the FCC. All of the statements herein and the exhibits attached hereto, are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this application, the grantee is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. The grantee declares not to make false claims, use the certification appropriately and make appropriate declarations on the literature.

If the grantee is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.

Authorizing an agent to sign this application, is done solely at the grantee's discretion; however, the grantee remains responsible for all statements in this application.

If an agent has signed this application on behalf of the grantee, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the grantee. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the grantee directly at any time.

3 MARKET SURVEILLANCE

The grantee is (made) aware and accepts that FCC rules require that production samples of the equipment to be certified must be made available for market surveillance purposes at all times. Non-compliance with the surveillance procedure (if requested to supply a product for that purpose) has to be reported to the FCC and may result in blocking of the grantee code or dismissal of the applicable grant.

4 By signing this form at the bottom, the grantee hereby declares that he or she:

- accepts this application as an order and will pay all associated costs in case no other order has been agreed;
- is familiar with the *General conditions Telefication* and the Certification/Assessment/Approval procedures.
- has completed this application form truthfully.

τ Complete items below if an agent signs the application.

(b) Agent's business name,
Number, street,
City, State/Country,
ZIP/Postal Code

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code and No.)

(e) Email address:

SIGNATURE:

+ 

σ Original written signature of authorized signer

2013/10/25

σ Date (Month, Day, Year)

Rita Hsu

Engineer

σ Typed/printed name of authorized signer

σ Title of authorized signer
