

FCC Part 15D – Compliance Information

EUT AND PRODUCT INFORMATION

Type of Equipment	UPCS (DECT 6.0)
Applicant Name	Panasonic Corporation of North America
Responsible Mfr Name	Panasonic System Networks Co., Ltd. Communication system Business Unit
Address	1-62, 4-chome, Minoshima, Hakata-ku, Fukuoka 812-8531, Japan
Contact	Junji Sumi

	FP		
EUT Type/System	<input checked="" type="checkbox"/>		
FCC ID	ACJ96NKX-TGF340 (IC:216A-KXTGF340)		
Model name	KX-TGF370		
HW Version	PNLB2156xx		
SW Version	SW401		
Max antenna Gain (dBi)	2dBi		
Can the EUT be Initiating Device	<input checked="" type="checkbox"/> YES		
Does the EUT transmit signaling channels	<input checked="" type="checkbox"/> YES		
Max number of slots in use simultaneously	1 slot		
Test standard:	<input checked="" type="checkbox"/> FCC part 15D	<input checked="" type="checkbox"/> Other: Industry Canada RSS-213, Issue 2	
Frequency Band	1921.536 – 1928.448 MHz		
# of RF Channels	5		
Frame Period	10 ms		
Max. Burst length	417us / duplex channel		
Min. Burst Length	106us / signaling channel		
# of Logical Channels	60 (12 duplex channels per RF carrier)		
Operating Mode	<input type="checkbox"/> Simplex	<input checked="" type="checkbox"/> Duplex	

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ANTENNAS				
Base (FP)	Antenna	Type	Internal	External
	1	Pattern Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2	Pattern Antenna	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>
Does RX and TX use the same antenna(s)?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handset (PP)	Antenna	Type	Internal	External
	1	Pattern Antenna	<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
Does RX and TX use the same antenna(s)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ANTENNA DIVERSITY			
	Antenna	Diversity Supported	
		TX	RX
Base (FP) and Repeater	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>
Handset (PP)	1	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>

VOLTAGE AND TEMPERATURE RANGES			
VOLTAGES	FP	PP	
Nominal Voltage	120V AC	-	
Cut-Off Voltage (if applicable)	-	-	-
POWER SOURCE	Type		Manufacturer
Base or Repeater	PNLV226 (AC Adaptor)		Panasonic
Handset (PP) (charger)			Panasonic
Data Connections	<input checked="" type="checkbox"/> PSTN (Base) <input type="checkbox"/> Others (please specify)		

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ANCILLARY EQUIPMENT	
Description	AC Adaptor
Type	PNLV226 (AC Adaptor)
Manufacturer	Panasonic

HOST DEVICE	
Description	
Type	
Manufacturer	

ADDITIONAL INFORMATION



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MANUFACTURERS DECLARATIONS		
FCC part 15.323 (c)(5)		
No device or group of co-operating devices located within 1m of each other shall during any frame period occupy more than 6 MHz of aggregate bandwidth, or alternatively, more than one third of the time and spectrum windows defined by the system.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
FCC part 15.323 (c)(10)		
The applicant hereby declares that the system in this application does use the criteria of (c)(10) of this section.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
FCC part 15.323 (c)(11)		
The applicant hereby declares that system in this application does not use the criteria of (c)(11) of this section.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
FCC part 15.323 (c)(12)		
The provisions of (c)(10) or (c)(11) of this section shall not be used to extend the range of spectrum occupied over space or time for the purpose of denying fair access to spectrum to other devices.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
FCC part 15.307 (b)		
The Applicant is a participating member of UTAM, Inc. and will provide an affidavit from UTAM, Inc. certifying this.		
Confirmed By Applicant	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ADDITIONAL REMARKS:		
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DECLARED BY:	Richard Mullen	<i><u>Richard Mullen</u></i>
October 17, 2014		