

FCC Part 15D – Compliance Information

EUT AND PRODUCT INFORMATION

Type of Equipment	UPCS (DECT 6.0)
Applicant Name	Ascom (Sweden) AB
Address	Grimbodalen 2, P.O. Box 8783, SE-402 76 Göteborg, Sweden
Contact	+46 31 559432 (Tania Ottebrink)

	FP	PP	Repeater
EUT Type/System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FCC ID		BXZ	
Model name		DH4	
HW Version		PB	
SW Version		2.4.2	
Max antenna Gain		2.6 dBi	
Can the EUT be Initiating Device	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES
Does the EUT transmit signaling channels	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Max number of slots in use simultaneously		1	
Test standard:	<input checked="" type="checkbox"/> FCC part 15D		<input type="checkbox"/> Other:
Frequency Band	1921.536 – 1928.448 MHz		
# of RF Channels	5		
Frame Period	10 ms		
Max. Burst length	417 μ s		
Min. Burst Length			
# of Logical Channels	60 (12 duplex channels per RF carrier)		
Operating Mode	<input type="checkbox"/> Simplex	<input checked="" type="checkbox"/> Duplex	

FCC Part 15D – Compliance Information

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

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

VOLTAGE AND TEMPERATURE RANGES			
VOLTAGES	FP	PP	Repeater
Nominal Voltage		3.7 V DC	
Cut-Off Voltage (if applicable)		3.3 V DC	
POWER SOURCE	Type		Manufacturer
Base or Repeater			
Handset (PP) (charger)	DC3, DC4, CR3		Ascom (Sweden) AB
Data Connections	<input type="checkbox"/> PSTN <input type="checkbox"/> Others (please specify)		

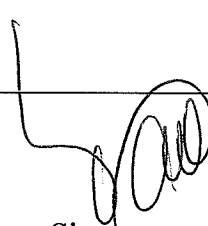
FCC Part 15D – Compliance Information

ANCILLARY EQUIPMENT	
Description	
Type	
Manufacturer	

HOST DEVICE	
Description	
Type	
Manufacturer	

ADDITIONAL INFORMATION

FCC Part 15D – Compliance Information

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:		
>		
DECLARED BY:		
>2008-06-02 Date	>Tania Ottebrink Name (print)	 Signature