



Attn: Director of Certification

Authority to Act as Agent

I appoint Sporton International Inc. to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American TCB, still resides with Psion Teklogix Inc., 2100 Meadowvale Blvd, Mississauga, Ontario, L5N 7J9, Canada .

Dated this 04 day of March , 2008 .

Agency Agreement Expiration Date: 8 months

A handwritten signature in black ink, appearing to read "Steve Lucas".

By: _____
(Signature)

_____ Steve Lucas _____
(Print name)

Title: EMEA Regulatory Approvals Group Leader

email: steve.lucas@psionteklogix.com

On behalf of: Psion Teklogix Inc.
(Company Name)

Telephone: +44 79688 50783