

SECTION IV (continued) - Enter FCC ID from Page 1, Section I

10.(a) Additional type of equipment authorization required: Certification Type Acceptance Notification

(b) The related application checked in item 10.(a) (Check one box only)

has been filed at the same time as this application under the FCC ID listed below has been granted under the FCC ID listed below is in the process of being filed under the FCC ID listed below is pending with the FCC under the FCC ID listed below

FCC ID

11.(a) Name of test firm on file with the FCC, if different from applicant or contact person:

Underwriters Laboratories

(b) Mailing address, number, street, City, State/Country, ZIP/Postal Code 1285 Walt Whitman Road, Melville, NY 11747

(c) Telephone No. (Area/Country/City code, No. and Ext.) 631-546-2452

(d) FAX No. (Area/Country/City code and No.) 631-439-6752

(e) Internet e-mail address: Bob.Delisa@ul.us.com

12. Number of exhibits submitted with this application: _____

SECTION V - 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 applicant must certify that neither the applicant 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 the applicant or authorized agent so certify? Yes No

2.(a) APPLICANT/AGENT CERTIFICATION:

I certify that I am authorized to sign this application. 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 applicant 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. If the applicant 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 applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, 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 applicant. 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 applicant directly at any time.

 *Robert Spehalski*
Original written signature of authorized signer

10/21/2012
▲ Date (Month, Day, Year)

▲ Robert Spehalski
Typed/printed name of authorized signer

▲ Engineering Leader
Title of authorized signer

▼ 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) Internet e-mail address: