FEDERAL COMMUNICATIONS COMMISSION DECLARATION OF CONFORMITY (DoC)

FOR THE FOLLOWING EQUIPMENT:
PRODUCT NAME: Wireless USB Printer Adapter (Receiver Part)
MODEL NO.: F8T031
TRADE NAME: BELKIN
IS HEREWITH CONFIRMED AND FOUND TO COMPLY WITH THE REQUIREMENTS OF CFR 47 PART 15 REGULATION. THE RESULTS OF ELECTROMAGNETIC EMISSION EVALUATION ARE SHOWN IN THE REPORT NO.: 930129R03
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.
THE FOLLOWING LOCAL MANUFACTURER/IMPORTER IS RESPONSIBLE FOR THIS DECLARATION:
BELKIN CORPORATION (COMPANY NAME)
501 West Walnut St. Compton, CA 90220 (COMPANY ADDRESS)
TEL: 310-604-2478 FAX: 310-631-3629
Michael Maher Engineering Services Manager (NAME) (TITLE)
model Maker 2-13-04



501, West Walnut Street, Compton, USA 90220-5221 TEL: 310-804-2448 FAX: 310-631-3629

Federal Communications Commission

Authorization and Evaluation Division

FCC ID: K7SF8T031

Confidentiality Request

Pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the Applicant hereby requests confidential treatment of information accompanying this Application as outlined below:

Schematics

Block Diagram

The above materials contain trade secrets and proprietary information not customarily released to the public. The public disclosure of these matters might be harmful to the Applicant and provide unjustified benefits to its competitors.

The Applicant understands that pursuant to Rule 0.457, disclosure of this Application and all accompanying documentation will not be made before the date of the Grant for this application.

Sincerely,

Michael Maher Engineering Services Manager

TEL: 310-604-2478 FAX: 310-604-2448

e-mail: michaelma@belkin.com

Appendix I

Application and Agreement for Certification Services

		TELEPHONE NO.:
PPLICANT & ADDRESS:	CONTACT NAME:	310-604-2478
Belkin Corporation	Michael Maher	310-004-2470
501 West Walnut Street, Compton USA 90220-5221		FACSIMILE NO.:
	michaelma@belkin.com	310-631-3629
	michaeima@beikin.com	310-031-3029
	CONTACT NAME:	TELEPHONE NO.:
CANADIAN REPRESENTATIVE & ADDRESS:		416-4912407
Kensil Construction Ltd.	KEN CHOW	410-4912-101
16 GOODVIEW RD. NORTH YORK, ONT. M2J 2K5	EMAIL ADDRESS:	FACSIMILE NO.:
		416-4912407
	joetk@ms28.hinet.net	410-4312407
COMPANY NUMBER and UPN NUMBER: 3623A-		
COMPANY NUMBER and UPN NUMBER: 3023A-7	*****	
MODEL NUMBER: F8T031		
MODEL HOMELING OTOO!		
SPECIFICATION STANDARD: RSS 210	EXISTING FAMILY - MULTIPLE LI	STING . REASSESSMENT
	EXISTING FAMILY • MULTIPLE LI	STING • REASSESSMENT
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY	EXISTING FAMILY • MULTIPLE LI CARD HOLDER'S NAME:	STING • REASSESSMENT
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount:	CARD HOLDER'S NAME:	
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY	CARD HOLDER'S NAME:	STING • REASSESSMENT A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount:	CARD HOLDER'S NAME:	
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number:	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS.	
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT:	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.:	
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.:	
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE:	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE:	A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE:	A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE:	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE:	A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE: I agree to pay the total amount entered above in accordance.	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE:	A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE: I agree to pay the total amount entered above in accordance. AGREEMENT: THE APPLICANT AGREES TO:	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE: ordance with the credit card holder's agree	A, MASTERCARD or AMEX)
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE: I agree to pay the total amount entered above in accordance with Reside Standards Procedure (I) Accept responsibility for all Departmental charges arising from this applications with Reside Standards Procedure	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE: ordance with the credit card holder's agre- steasor: 100 and other applicable procedures;	A, MASTERCARD or AMEX) eement.
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE: I agree to pay the total amount entered above in accordance with Redio Standards Procedure (ii) Meet at requirements in accordance with Redio Standards Procedure (iii) Warrant that the test results submitted are a true representation of the	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE: ordance with the credit card holder's agre- steasor: 100 and other applicable procedures;	A, MASTERCARD or AMEX) eement.
SPECIFICATION STANDARD: RSS 210 TYPE OF SERVICE: SINGLE • NEW FAMILY If payment by cheque/ amount: CHEQUE Number: Card Holder is: • Applicant or • Test facility AUTHORIZED AMOUNT: CARD HOLDER'S SIGNATURE: I agree to pay the total amount entered above in accordance with Reside Standards Procedure (I) Accept responsibility for all Departmental charges arising from this applications with Reside Standards Procedure	CARD HOLDER'S NAME: CREDIT CARD TYPE: (VIS. CREDIT CARD NO.: EXPIRY DATE: ordance with the credit card holder's agre- steasor: 100 and other applicable procedures;	A, MASTERCARD or AMEX)

Note: This form must be completed and provided with the submission.

NAME AND TITLE OF APPLICANT (PLEASE PRINT OR TYPE):
Michael Maher, Eng. Services Manager

SIGNATURE OF APPLICANT:

DATE:

2-13-04



February 13, 2004

To Whom It May Concern:

We, the undersigned, hereby authorize as our agent:

Agent:

Advance Data Technology Corp. 47 14th Lin, Chiapao Tsuen Linko, Taipei Taiwan, R.O.C.

To act on our behalf in all matters relating to application for equipment authorization, including signing of all documents relation to IC TAC authorization of the part(s) listed below, Any and all acts carried out by Advance Data Technology Corp. to obtain such authorization on our behalf shell have the same effects as acts of out own, provided that Advance Data Technology shall not have the authority to bind Belkin Corporation to any contracts or to make any similar commitments.

Product(s):

F8T031 Wireless USB Printer Adapter

This authorization is valid year from the date of this letter or until written notice from the applicant.

Sincerely,

Michael Maher

Engineering Services Manager

michael maker

Belkin Corporation



501, West Walnut Street, Compton, USA 90220-5221 TEL: 310-504-2448 FAX: 310-631-3929

POWER OF ATTORNEY

To whom it may concern:

We, the undersigned, <u>BELKIN CORPORATION</u> hereby authorize Advance Data Technology Corp. (ADT) of Taiwan to act on our behalf in all matters relating to all processes required in the R&TTE directive 99/5/EC and any communication needed with the national authority. Any and all acts carried out by ADT on our behalf shall have the same effects as acts of our own.

If you have any questions regarding the authorization, please don't hesitate to contact us.

Thank you!

Sincerely yours,

Michael Maher Engineering Services Manager

TEL: 310-604-2478 FAX: 310-631-3629

e-mail: michaelma@belkin.com



CE Declaration of Conformity

For the following equipment: Wireless USB Printer Adapter		
(Product Name) F8T031		
(Model Designation)		
parliament) Directive on the Approximation	requirements set out in the Council (European of the Laws of the Mamhar States relating to and Telecom device (1999/5/EC). For the wing standards were applied:	
EN 300 328-1 (2001-12), EN300 328-2 (2001-12		
EN 301 489-1 (2002-08), EN 301 489-17 (2002-	08)	
EN 60 950 (2000-06)		
EN 50371 (2002)		
(Company Name, Importer)	(Company Name, Manufacturer) 501 West Walnut Street Compton, CA 90220	
(Company Address, Importer)	(Company Address, Manufacturer)	
Person responsible for this doctaration:	Person responsible for this declaration: Michael Maher	
(Name, Surname, Importer)	(Name, Surname, Manufacturer) Engineering Services Manager	
(Position/Title)	(Position/Title)	
	muhad mahar	
(Legal Signature)	(Legal Signature)	
(Place) (Date)	(Place) (Date)	