Declaration of Authorization

We Name: Address: City: Country:	Paradox Security Systems Ltd. 780 Industriel Blvd	
Declare that:		
Name Representativ Agent Company nan Address: City: Country	e of agent:	
is authorized to apply	for Certification of the following product(s):	
	Wireless Control Panel MG5050+, MG5000+ Paradox December 09, 2022	
on our behalf.		
Date:	December 09, 2021	
City:	Saint-Eustache	
Name:	Alex Chaplik ⁽²⁾	
Function:	Certification manager	
Signature:	Hee	

Notes:

^{(1):} Required for FCC application

^{(2):} For FCC it must be the Grantee Code "owner" or the authorized agent.