



## Power of Attorney

Applicant's company name: Continental Automotive GmbH

Applicant's company address: Siemensstr. 12  
93055 Regensburg

Applicant's name: Ms. Dagmar Kolar

Date and Applicant's Signature: 02.03.2015, 

Job Title and Department: Type approval Manager

*It is necessary, that the person registered with FCC, signs this form.*

I hereby authorize the following person as a representative and all rights regarding the application to obtain Type Certification for the Specified Radio Equipment (mentioned above) are delegated.

Attorney's Company name: m. dudde hochfrequenz-technik

Attorney's Company address: Rottland 5 a  
51429 Bergisch Gladbach

Attorney's Name:

Date and Attorney's Signature:

Job Title and Department: homologation department