

ACB
Attn.: Mrs. S. Holman
Certification Department
6731 Whittier Avenue, Suite C110
McLean, Virginia 22101
USA

Date
04-10-2016

Contact
--

Our reference
--

Project number
--

Dear Mrs. Holman,

On behalf of our customer **MYLAPS BV**, we hereby would like to apply for an Original certification for the following device:

FCC ID : NXYX2CLUBTX
Manufacturer : MYLAPS BV
Brand : Mylaps
Model : X2 Transponder
Description : DXX: Part 15 Low Power Communication Device Transmitter

The following PDF files (exhibits) are electronically submitted:

1. Cover letter (this document)
2. Request or confidentiality
3. Authorization letter
4. Form 731
5. Antenna information
6. *Bill of material (BOM)- Not required-Not provided*
7. Block diagram
8. Circuit diagram
9. Interior photographs
10. Exterior photographs
11. Label information
12. Operational description
13. Test report in conformity with 47 CFR Part 15
14. Test setup photographs
15. User/installation manual

Best regards,
TÜV Rheinland Nederland B.V.



R .van der Meer
Test Engineer