



DTS-UNII Device Declaration Letter

Date: Sep 22, 2020

To whom it may concern:

We have declared below featured for FCC equipment authorization,

FCC ID: RWO-RZ090351

(1) DFS Device -- Master , Client with Radar detection capability ,
 Client without radar detection capability, N/A

(2) Active / Passive Scanning, adhoc mode access point capability

Frequency Band (MHz)	Active Scanning (the device can transmit a probe (beacon))	passive scanning (where the device is can listen only with no probes)	Ad Hoc Mode or WIFI Direct capability	Access point capability
2412-2472	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
2422-2462	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5180-5240	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5260-5320	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5500-5700	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5745-5825	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5190-5230	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5270-5310	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5510-5670	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5755-5795	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5720	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5710	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5210	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5250	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5290	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5570	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5530-5690	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No
5775	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes , <input type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes , <input checked="" type="checkbox"/> No

This information when programmed into the EEPROM will not be accessible and can not be changed by the end user. If you have any questions, please do not hesitate to contact us.

Signature,

Name: Vincent Lin

Title: Director



Company name: Dekra Testing and Certification Co., Ltd.