

Confidentiality Request Letter

elgato

Confidentiality Request regarding application for certification of FCC ID: SNE-ELS-002 and IC: 11192A-ELS002

Pursuant to Sections 0.457 and 0.459 of the Commission's Rules, and IC RSP-100, Section 6.4, we hereby request confidential treatment of information accompanying this application as outlined below:

Exhibit Type

Block Diagram

Schematics

Operational Description

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

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

Sincerely,



Stuart Smith

VP Hardware Engineering



***Please complete all fields**

RSP-100, Appendix A: Application and Agreement for Certification Services

(1) APPLICANT & ADDRESS: Elgato Systems . 900 Kearny St , Suite 750 San Francisco CA 94133 USA	CONTACT NAME: Stuart Smith EMAIL ADDRESS: stuart@elgato.com	TELEPHONE NO.: 415 391 0310 FACSIMILE NO.: 415 391 0329
--	--	--

(2) CANADIAN REPRESENTATIVE & ADDRESS: ReSource Group Canada 12 Upjohn Road, Unit 9, Toronto, ON, M3B 2V9, Canada CANADIAN REP COMPANY NUMBER: 11461A	CONTACT NAME: Claus Lenk EMAIL ADDRESS: claus@resourcegroupcanada.com	TELEPHONE NO.: 416-445-0880 ext. 102 FACSIMILE NO.:
---	--	---

(3) CUSTOMER (Main Point of Contact): -> same as APPLICANT -> same as APPLICANT	CONTACT NAME: -> same as APPLICANT EMAIL ADDRESS: -> same as APPLICANT	TELEPHONE NO.: -> same as APPLICANT FACSIMILE NO.: -> same as APPLICANT
--	---	--

(4) CERTIFICATION NUMBER consisting of COMPANY NUMBER and UPN : IC: 11192A-ELS002 (Certification Number must comply with RSS-GEN section 5.2)-> (max. 11 characters, no dash, no Lower Case)		
(5) Product Marketing Name (PMN): Eve Light Switch Hardware Version Identification Number (HVIN) 20EAH4101 Firmware Version Identification Number (FVIN) N/A Equipment Description (Brief description of type of prod.) Wireless Contact Sensor		
(6) MODULAR APPROVAL (N/A, Modular or Limited Modular): N/A Host Marketing Name (HMN): (for limited or SAR modular approval only, otherwise please leave blank)		
(7) TYPE OF SERVICE: <input checked="" type="checkbox"/> New SINGLE <input type="checkbox"/> NEW FAMILY <input type="checkbox"/> PREVIOUS FAMILY <input type="checkbox"/> Modification (C1PC,C2PC) <input type="checkbox"/> Modification (C3PC,C4PC) <input type="checkbox"/> Multiple Listing <input type="checkbox"/> Full Transfer of TAC <input type="checkbox"/> Partial Transfer of TAC		

(9) AGREEMENT: THE APPLICANT AGREES TO: (i) Accept responsibility for all TUV Rheinland Group charges arising from this application; (ii) Meet all requirements in accordance with Radio Standards Procedure 100 (RSP-100) and other applicable procedures; (iii) Warrant that the test results submitted are a true representation of the characteristics of the radio equipment type for which certification is requested; and (iv) Inform TUV Rheinland Group of any changes to the information submitted.

NAME AND TITLE of <input checked="" type="checkbox"/> APPLICANT or <input type="checkbox"/> AUTHORIZED AGENT: (PLEASE PRINT OR TYPE): Stuart Smith VP Hardware Engineering COMPANY NAME: Elgato Systems .

SIGNATURE: 	DATE: 28 Jun 2017
---	-------------------

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

***Please complete all fields**

RSP-100, Appendix B: Test Report Cover Page and Performance Test Data

(10) **OPEN AREA TEST SITE INFORMATION:** [SEARCH - O.A.T.S. Filings](#) (Not needed for Licensed Devices)

Testing Laboratory Name: TUV Rheinland Taiwan Ltd.

Mailing Address: 11F., No.758, Sec.4, Bade Rd., Taipei 105, Taiwan

IC OATS Reg. Number: 9465A-1 Tel. No: +886-2-2172-7000 Fax No: +886-2-2528-0018

Contact Name: Max Yao E-mail: mya@tw.tuv.com

(11) **Additional OATS** IC Reg. Number(s): N/A

(12) **IC Certification Number** : 11192A-ELS002 (perform "Print Preview to fill")

(13) **Product Marketing Name (PMN):** Eve Light Switch (same as above, perform "Print Preview to fill")

(14) **Hardware Version Identification Number (HVIN):** 20EAH4101 (perform "Print Preview to fill")

(15) **Firmware Version Identification Number (FVIN):** N/A (perform "Print Preview to fill")

(16) **Host Marketing Name (HMN):** (same as above, perform "Print Preview to fill")

(17a) **TYPE OF EQUIPMENT:** Bluetooth Device [SEARCH - Type of Equipment](#)
http://www.ic.gc.ca/eic/site/ceb-bhst.nsf/eng/h_tt00061.html

(17b) **Equipment Information:**

Transmitter

Scanning Receiver

Terminal Equipment

(18) **Equipment Specifications: Where Applicable**

Frequency range Low High MHz		RF power or Field Strength (Watt or V/m)	Emission Designator (TRC-43 e.g.- 150KP1D)	Specification Standard RSS No.&Issue No.. (e.g.- RSS-210, Issue 8)	Transmitter Spurious	Occupied Bandwidth 99% in kHz	Modulation Type
2402	2480	0.00045 W	1M04F1D	RSS-247, Issue 1	51.42 dBuV/m@3m	1042	GFSK

(19) **ANTENNA TYPE & GAIN** (e.g. "Yagi, 6dBi") : **Chip Antenna, 2.01 dBi**

(21) **ATTESTATION:** I attest that the testing was performed or supervised by me; that the test measurements were made in accordance with the above-mentioned departmental standard(s), and that the radio equipment identified in this application has been subject to all the applicable test conditions specified in the departmental standards and all of the requirements of the standards have been met.

Signature:  **Date:** 28 Jun 2017

NAME AND TITLE of APPLICANT or AUTHORIZED AGENT: (PLEASE PRINT OR TYPE):

Stuart Smith VP Hardware Engineering

COMPANY NAME: Elgato Systems .

RSS-102 Issue 5: Annex A – RF Technical Brief Cover Sheet

(22) RF EXPOSURE: SAR and RF (MPE) Evaluation –

All fields must be completed with the requested information or the following codes:
 N/A for Not Applicable, N/P for Not Performed or N/V for Not Available.
 Where applicable, check appropriate box.

1. COMPANY NUMBER: 11192A (same as above, perform "Print Preview" to fill)

(13) Prod. Marketing Name (PMN): Eve Light Switch (same as above, perform "Print Preview to fill")

(14) Hardware Version Id Number (HVIN): 20EAH4101 (perform "Print Preview to fill")

(15) Firmware Version Id Number (FVIN): N/A (perform "Print Preview to fill")

(16) Host Marketing Name (HMN): (same as above, perform "Print Preview to fill")

3. IC ID NUMBER: 11192A-ELS002 (same as above, perform "Print Preview" to fill)

3. MANUFACTURER: N/A

4. TYPE OF EVALUATION: (Complete the applicable sections: (a) SAR Evaluation: Device Used in the Vicinity of the Human Head; (b) SAR Evaluation: Body-Worn Device/Body-Supported Device; (c) SAR Evaluation: Limb-Worn Device; (d) RF Exposure Evaluation.)

Note: The worst-case scenario (i.e. highest measured value obtained) shall be reported.

(a) SAR EVALUATION: Device Used in the Vicinity of the Human Head	
-----N/A----- (N/A, N/P, or N/V)	
Multiple transmitters:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evaluated against exposure limits:	General Public Use <input type="checkbox"/>
	Controlled Use <input type="checkbox"/>
Duty Cycle used:	N/A%
Standard(s)/ Procedure(s) used: (e.g. IEEE 1528):	N/A
SAR Value:	N/AW/kg
Measured Method:	Measured <input type="checkbox"/>
	Computed <input type="checkbox"/>
	Calculated <input type="checkbox"/>

(b) SAR EVALUATION: Body-Worn Device and Body-Supported Device	
-----N/A----- (N/A, N/P, or N/V)	
Multiple transmitters:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evaluated against exposure limits:	General Public Use <input type="checkbox"/>
	Controlled Use <input type="checkbox"/>
Duty Cycle used:	N/A%
Standard(s)/ Procedure(s) used: (e.g. IEC62209-2):	N/A
SAR Value:	N/AW/kg
Measured Method:	Measured <input type="checkbox"/>
	Computed <input type="checkbox"/>
	Calculated <input type="checkbox"/>

(c) SAR EVALUATION: Limb-Worn Device	
-----N/A----- (N/A, N/P, or N/V)	
Multiple transmitters:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Evaluated against exposure limits:	General Public Use <input type="checkbox"/>
	Controlled Use <input type="checkbox"/>
Duty Cycle used:	N/A%
Standard(s)/ Procedure(s) used: (e.g. IEC62209-2):	N/A
SAR Value:	N/AW/kg
Measured Method:	Measured <input type="checkbox"/>
	Computed <input type="checkbox"/>
	Calculated <input type="checkbox"/>

(d) RF EXPOSURE EVALUATION	
-----N/A----- (N/A, N/P, or N/V)	
Evaluated against exposure limits:	General Public Use <input type="checkbox"/>
	Controlled Use <input type="checkbox"/>
Duty Cycle:	N/A%
Standard(s)/ Procedure(s) used: (e.g. IEEE C95.3):	N/A
Measurement Distance:	N/A
RF Value: N/A	V/m <input type="checkbox"/> A/m <input type="checkbox"/> W/m ² <input type="checkbox"/>
Measured Method:	Measured <input type="checkbox"/>
	Computed <input type="checkbox"/>
	Calculated <input type="checkbox"/>

RSS-102 Issue 5: Annex B – Declaration of RF Exposure Compliance

(23) **ATTESTATION:** I attest that the information provided in Annex A is correct; that a Technical Brief was prepared and the information it contains is correct; that the device evaluation was performed or supervised by me; that applicable measurement methods and evaluation methodologies have been followed; and that the device meets the SAR and/or RF field strength limits of RSS-102.

Signature: _____ ----- N/A -----

Date: Jun 2017

Name (Please print or type): N/A,

Title (Please print or type): N/A

Company (Please print or type): N/A

(13) **Product Marketing Name (PMN):** Eve Light Switch (same as above, perform "Print Preview to fill")

(14) **Hardware Version Identification Number (HVIN):** 20EAH4101 (perform "Print Preview to fill")


(15) **Firmware Version Identification Number (FVIN):** N/A (perform "Print Preview to fill")

(16) **Host Marketing Name (HMN):** (same as above, perform "Print Preview to fill")

IC ID Number (Please print or type): 11192A-ELS002

RSS-102 Issue 5: Annex C – Declaration of RF Exposure Compliance for Exemption from Routine Evaluation Limits

(24) **ATTESTATION:** I attest that the radiocommunication apparatus meets the exemption from the routine evaluation limits in Section 2.5 of this standard, that the Technical Brief was prepared and the information contained therein is correct; that the device evaluation was performed or supervised by me; that applicable measurement methods and evaluation methodologies have been followed; and that the device meets the SAR and/or RF field strength limits of RSS-102.

Signature: _____ 

Date: 28 Jun 2017

Name (Please print or type): Stuart Smith,

Title (Please print or type): VP Hardware Engineering

Company (Please print or type): Elgato Systems .

(13) **Product Marketing Name (PMN):** Eve Light Switch (same as above, perform "Print Preview to fill")

(14) **Hardware Version Identification Number (HVIN):** 20EAH4101 (perform "Print Preview to fill")

(15) **Firmware Version Identification Number (FVIN):** N/A (perform "Print Preview to fill")

(16) **Host Marketing Name (HMN):** (same as above, perform "Print Preview to fill")

IC ID Number (Please print or type): 11192A-ELS002

TCB/FCC Application Form 731



For TÜV Rheinland TCB Use Only	
Job Number	
Scope	
Date Filed	
KDB Tracking #	

Shaded areas are REQUIRED		TIN or EIN (for US based Grantees, if new Grantee Code needed): N/A	
Item 1. Applicant's complete, legal business name: Elgato Systems LLC			
Applicant's FCC Registration Number (FRN) : 0022562714			
Item 2. Applicant's mailing address: <i>fill in fields, as appropriate</i>			
Line 1: 900 Kearny St			
Line 2: Suite 750			
P.O. Box:			
City: San Francisco			
State: CA <small>Only if in USA</small>	Country (if foreign address):		Zip/Postal Code: 94133
Item 3. Applicant Contact Person: <i>Must be the same as the FCC Grantee Contact listed in the FCC database. The Name in the FCC Database will be on the Certification.</i>			
First Name: Stuart		Last Name: Smith	
Title: VP Hardware Engineering		Telephone: 415 391 0310	
E-mail: stuart@elgato.com		Fax No.: 415 391 0329	
Item 4.	FCC ID consisting of:	Grantee Code: SNE	Equipment Product Code (14 characters maximum): -ELS-002 <i>include "dashes" (-) where appropriate</i>
Item 5. Application Contact: <i>All questions regarding the application will be directed to this contact. The Original Grant will be sent to this contact.</i>			
Firm Name:		Telephone:	Ext: Fax: No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:		P.O. Box:	
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
E-mail:		Telephone:	Fax:
Item 6. Test Firm Used to Take Measurements:			
Firm Name: TUV Rheinland Taiwan Ltd		Telephone: 886-2-2172 7000	Ext.: 1237 Fax No.: +886-2-2528-0018
First Name: Max		Middle Initial:	Last Name: Yao
Address Line 1: 11F., No. 758, Sec. 4, Bade Rd., Songshan Dist.,		P.O. Box:	
Address Line 2:		City: Taipei	State:
Country (if foreign address): Taiwan		Zip/Postal Code: 105	
E-mail: mya@twn.tuv.com			
FCC Registered Test Site Number. Part 15 and 18		365730	
Item 7. * Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules? * Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004? If so, please specify the short-term confidentiality release date (MM/DD/YYYY format): <i>Note: If no date is supplied, the release date will be set to 45 calendar days past the date of grant.</i>			PERMANENT request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No SHORT-TERM request: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Item 8. *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Is there a KDB inquiry associated with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If so, enter the inquiry tracking number:						
Item 9. *Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Modular Type: <i>(only complete if you answered Yes to Item 9)</i> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Limited Split Modular Approval						
Item 10. <u>Equipment Class:</u> 3-digits required DTS			Description of Product as it is marketed Wireless Contact Sensor			
Item 11. *Application is for: <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: <div style="display: flex; justify-content: space-around; width: 100%;"> Original FCC ID Grant Date (MM/DD/YYYY) </div> <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>Note: this may only be filed for applications pertaining to Software Defined Radio</i>						
Item 12. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? <i>If either of the above questions is answered "Yes" complete section 12 (c).</i>				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(c) The related application: <input type="checkbox"/> has been granted under the FCC ID(s) listed to the right <input type="checkbox"/> is in the process of being filed under the FCC ID(s) listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID(s) listed to the right <input type="checkbox"/> has a mix of pending and granted statuses under the FCC ID(s) listed to the right				i. FCC ID: ii. FCC ID: iii. FCC ID: iv. FCC ID:		
Item 13. * Equipment will be operated under FCC Rule Part(s): 15C						
Item 14. EQUIPMENT SPECIFICATIONS: <i>Where applicable</i>						
Frequency range in MHz Low Freq High Freq		Rated RF power output IN WATTS	Frequency tolerance %, Hz, ppm		Emission Designator (See 47 CFR 2.201 and 2.202)	FCC Rule Part (for Multiple Rules)
2402	2480		0.00045			
Equipment Authorization Waiver * Is there an equipment authorization waiver associated with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

Read each certification carefully before answering and signing this application

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503).

Item 15. APPLICANT/AGENT CERTIFICATION:

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the TCB, under the authority of the FCC, as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.

Authorizing an agent to sign this application is done solely at the applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The applicant certifies that neither the applicant nor any party to this application, as defined in 47 CFR 1.2002(b), is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1998, 21 U.S.C. 835(a) because of a conviction for possession or distribution of a controlled substance.

This authorization is valid until further written notice from the applicant or authorized agent.

Does the applicant or authorized agent so certify? Yes No

If different from Applicant's contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf.

***Signature of Authorized Applicant:**

(Must be actual signature)



*** Name & Title of Authorized Signature:**Stuart Smith VP Hardware Engineering (Typed)

Date: 28 Jun 2017

Company Name of Person Signing Application:Elgato Systems LLC

FCC ID SNE-ELS-002

NOTE: An asterisk ^{} preceding a field indicates it must be completed.**