

# UPCS – Compliance Information

EUT AND PRODUCT INFORMATION			
Type of Equipment	US DECT 6.0 (UPCS)		
Model name	CT7141H-US		
	<b>FP</b>	<b>PP</b>	<b>Repeater</b>
EUT Type/System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HW Version		V3	
SW Version		V1.10	
RFPI / PIN		00 00 00 00 10	
Max. Peak Power (dBm)		19.2 conducted 20.4 radiated	
Emission BW (MHz)		1.32	
Receive Bandwidth (MHz)		1.5	
Does the EUT transmit signaling channels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Threshold (dBm)		-81.4	
Upper Threshold (dBm)		-61.4	
Test standard:	<input checked="" type="checkbox"/> FCC part 15D <input type="checkbox"/> Other		
Frequency Band	1921.536 – 1928.448 MHz		
# Of RF Channels	5		
Frame Period	10 ms		
Max. Burst length	395 $\mu$ s		
Min. Burst Length	395 $\mu$ s		
# Of Logical Channels	60 (12 duplex channels per RF carrier)		
Slot Type	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Double		
Operating Mode	<input type="checkbox"/> Simplex <input checked="" type="checkbox"/> Duplex		

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ANTENNAS					
Base (FP)	Antenna	Type	Gain (dBi)	Internal	External
	1			<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>	<input type="checkbox"/>
	4			<input type="checkbox"/>	<input type="checkbox"/>
	Do RX and TX use the same antenna(s)?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Handset (PP)	Antenna	Type	Gain (dBi)	Internal	External
	1	Monopole	+1.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>	<input type="checkbox"/>
	Do RX and TX use the same antenna(s)?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ANTENNA DIVERSITY					
	Antenna	Diversity Supported			
		TX	RX		
Base (FP)	1	<input type="checkbox"/>	<input type="checkbox"/>		
	2	<input type="checkbox"/>	<input type="checkbox"/>		
	3	<input type="checkbox"/>	<input type="checkbox"/>		
	4	<input type="checkbox"/>	<input type="checkbox"/>		
Handset (PP)	1	<input type="checkbox"/>	<input type="checkbox"/>		
	2	<input type="checkbox"/>	<input type="checkbox"/>		

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VOLTAGE AND TEMPERATURE RANGES			
VOLTAGES	FP	PP	Repeater
Max Temperature (°C)		40°C	
Min Temperature (°C)		0°C	
Nominal Voltage		3.6V	
Cut-Off Voltage (if applicable)		3.2V	
POWER SOURCE	Type	Manufacturer	
Base or Repeater			
Handset (PP) (charger)	Charger: AC/DC adaptor (switch mode)	SALOM Electric Co.	
Data Connections	<input type="checkbox"/> PSTN <input type="checkbox"/> Others (please specify):		
ANCILLARY EQUIPMENT			
Description			
Type			
Manufacturer			
HOST DEVICE			
Description			
Type			
Manufacturer			
ADDITIONAL INFORMATION			

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<b>MANUFACTURERS DECLARATIONS</b>		
<b>FCC part 15.323 (c)(5)</b>		
No device or group of co-operating devices located within 1 meter of each other shall during any frame period occupy more than 6 MHz of aggregate bandwidth, or alternatively, more than one third of the time and spectrum windows defined by the system.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FCC part 15.323 (c)(10)</b>		
The applicant hereby declares that system in this application does not use the criteria of (c)(10) of this section.		
Applicant Agrees	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>FCC part 15.323 (c)(11)</b>		
The applicant hereby declares that system in this application does not use the criteria of (c)(11) of this section.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FCC part 15.323 (c)(12)</b>		
The provisions of (c)(10) or (c)(11) of this section shall not be used to extend the range of spectrum occupied over space or time for the purpose of denying fair access to spectrum to other devices.		
Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FCC part 15.307 (b)</b>		
The Applicant is a participating member of UTAM, Inc. and will provide an affidavit from UTAM, Inc. certifying this.		
Confirmed By Applicant	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FCC part 15.319 (f)</b>		
The device shall automatically discontinue transmission in case of either absence of information to transmit or operational failure. These provisions are not intended to preclude transmission of control and signaling information or use of repetitive codes used by certain digital technologies to complete frame or burst intervals.		
Please explain how compliance with the requirement is obtained:		
>Handset and (Basestation) will terminate connection if duplex data not received.		
Confirmed By Applicant	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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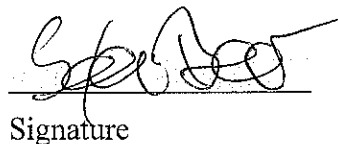
**ADDITIONAL REMARKS:**

**DECLARED BY:**

Soren Bove,

Product Manager

Date: 29<sup>th</sup> May 2006

A handwritten signature in black ink, appearing to read 'S. Bove', written over a horizontal line.

Signature