

**Annex A – Declaration of Conformity (DoC) for Terminal Equipment
and Registration Form**

APPLICANT / DEMANDEUR		
Company Name: Avaya Inc.	Company Number: 3794C	
Street address: 250 Sidney Street, Belleville Ontario K8P 3Z3 Canada		
Website: www.avaya.com		
Attention: Name: Ian Hawes	Title: Quality Manager	
Email: ianhawes@avaya.com	Telephone Number: 613-967-5545	Facsimile Number: 613-967-5417

MANUFACTURER		
Company Name: Avaya Inc.	Company Number: 3794C	
Street address: 250 Sidney Street, Belleville Ontario K8P 3Z3 Canada		
Website: www.avaya.com		
Attention: Name: Ian Hawes	Title: Quality Manager	
Email: ianhawes@avaya.com	Telephone Number: 613-967-5545	Facsimile Number: 613-967-5417

CANADIAN REPRESENTATIVE
(as per DC-01(E), Section 6.5.2)

Company Name: Avaya Inc.		Company Number: 3794C	
Street address: 250 Sidney Street, Belleville Ontario K8P 3Z3 Canada			
Website: www.avaya.com			
Attention: Name: Ian Hawes		Title: Quality Manager	
Email: ianhawes@avaya.com		Telephone Number: 613-967-5545	Facsimile Number: 613-967-5417

TESTING LABORATORY

Company Name: Avaya Inc. Audio Quality Test Lab		Company Number: 3794C	
Street address: 250 Sidney Street, Belleville, ON K8P 3Z3 Canada			
Website: www.avaya.com			
Attention: Name: Miguel De Araujo		Title: Lab Manager	
Email:		Telephone Number: 613-967-5545	Facsimile Number: 613-967-5417

CERTIFICATION BODY (if applicable)		
Company Name: Nemko Canada, Inc.	Company Number: 2040A	
Street address: 303 River Road, Ottawa, Ontario K1V 1H2 Canada		
Website: www.nemko.com		
Attention: Name: Stuart Beck	Title: TCB of Certification	
Email: Stuart.Beck@nemko.com	Telephone Number: 613-737-9680	Facsimile Number:

Payment by Cheque	
Amount (CAN \$):	Cheque Number:
Credit Card Information	
If payment by credit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Credit card receipt to be sent to:	Credit Card Holder: Credit Card Number: _____ Credit Card Expiry Date: ____ / ____ Authorized Amount (CAN \$):
I hereby agree to pay the above total amount in accordance with the terms of the card issuer's agreement.	
Signature:	Date:

The Declaring Party acknowledges that:

- (a) maintaining registration is based on continued conformity with DC-01(E);
- (b) the product described above conforms with the applicable Terminal Equipment Technical Specifications listed above;
and
- (c) Industry Canada may post information regarding this terminal equipment on the TEL website.

Signature of the Declaring Part:

Date: 1/21/2015



Name and title of Declaring Party (please print or type):

Name:

Debbie Wilson

Title: Project Manager

August 2014

Please forward the completed Annex A to the following address:

Certification and Engineering Bureau
Industry Canada
P.O Box 11490, Station H
3701 Carling Avenue, Building 94
Ottawa, Ontario K2H 8S2

Telephone: 613-990-4218

Facsimile: 613-990-4752

Email: certification.bureau@ic.gc.ca

Website: <http://www.ic.gc.ca/eic/site/ceb-bhst.nsf/eng/home>