

TÜV Rheinland Hong Kong Ltd.

Phoenix Test-Lab GmbH
Dirk Brandhorst
Königswinkel 10
32825 Blomberg

Derek Leung
LEUNGYAT
Our reference 0143052543/300
Phone +852-2192 1000
Fax +852-2192 1008

Hong Kong, 18/12/2007

Dear Mr. Brandhorst,

On behalf of Convergence Systems Limited, we apply the FCC Grant for

FCC ID: UB4CS101C1GEN2

Product description: EPC Class 1 Gen 2 UHF RFID Handheld Reader

Report number: 14018170 001

For further details please refer to the attached documentation.

Sincerely,



Derek Leung
Project Manager



TÜV Rheinland Hong Kong Ltd.

Member of
TÜV Rheinland Group

9/F Oriental News Building,
7 Wang Tai Road
Kowloon Bay
Kowloon, Hong Kong

Tel.: + 852 2192 1000
Fax: + 852 2192 1001
Mail: info@hk.chn.tuv.com
Web: www.chn.tuv.com

Federal Communications Commission – FCC TCB FORM 731
Application for equipment authorization

FRN Number: 0015004674

Item 1. Applicant's complete, legal business name: Convergence Systems Limited

Item 2. Applicant's mailing address:

Line 1: 12/F., Chung Nam Building,

Line 2: No.1 Lockhart Road, Wanchai

P. O. Box: -

City: -

State: Country (if foreign address): Hong Kong S.A.R.

Zip/ Postal Code: -

Item 3.

FCC ID Grantee code: UB4

*Equipment Product Code (14 characters maximum): UB4CS101C1GEN2

Item 4. Person at the applicant's address to receive or for contact:

First Name: Albert

Last Name: Lai

Title: ---

E-mail: albertlai@cne.com.hk

Mail Stop: -

Telephone: 852-2669 1318

Fax No: 852-2683 2018

Item 5. Instead of Applicant, the original Grant is authorized to be mailed to:

Firm Name: TÜV Rheinland Hong Kong Ltd.

First Name: Derek

Last Name: Leung

Title: Project Manager

Mail Stop: -

Item 6. Technical Contact:

Firm Name: TÜV Rheinland Hong Kong Ltd.

Telephone: +852 2192 1000

Ext: -

Fax: +852 2192 1008

First Name: Derek

Middle Initial: Last Name: Leung

Address Line 1: 9 /F., Oriental News Building,

P. O. Box: -

Address Line 2: 7 Wang Tai Road, Kowloon Bay, Kowloon

State: -

City: -

Country (if foreign address): Hong Kong S.A.R.

Zip/ Postal Code: -

E - Mail: derek.leung@hk.chn.tuv.com

Item 7. Non-Technical Contact:

Firm Name: -

Telephone: -

Ext: -

Fax: -

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: -

Item 8. *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? If "Yes" see instructions.

☒ Yes
☐ No

Item 9. Does the applicant request that the Commission defer grant of this application pursuant 47 CFR
0.457(d)(1)(ii)? (See instruction)

☐ Yes
☒ No

Item 10.

*Equipment Class: DTS

*Description of Product as it is Marketed: EPC Class 1 Gen 2 UHF RFID Handheld Reader

(NOTE: This text will appear below the equipment class on the grant)

Item 11.

*Application is for:

- ☒ Original Equipment (See instructions)
☐ Change in identification of presently authorized equipment:
Original FCC ID:
Grant Date (MM/DD/YYYY format):
☐ Class II permissive change or modification of presently authorized equipment (See instructions)

Item 12.

Is the equipment in this application:

*(a) a composite device subject to an additional equipment authorization?

☒ Yes ☐ No

*(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?

☐ Yes ☒ No

If either of the above questions is answered "Yes" complete section 12 (c).

(c) The related application:

- ☐ has been granted under the FCC ID listed to the right
☐ is in the process of being filed under the FCC ID listed to the right
☒ is pending with the FCC under the FCC ID listed to the right

FCC ID: UB4CS101C1GEN2

Item 13.

Name of test firm and contact person file with the FCC, if different from applicant or contact person:

Firm Name: -

First Name: -

Last Name: -

Telephone: -

Ext: -

Fax No: -

E-Mail: -

Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization:

Read each certification carefully before answering and signing this application

Willful false statements made on this form are punishable by fine and 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. Code, Title 47, Section 503).

Item 15. *Section 5301 (Anti-Drug abuse) Certification:

The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse of 1988, 21 U.S.C. § 862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes.

*Does the applicant or authorized agent so certify? ☒ Yes ☐ No

Item 16. 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 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.

*Signature of Authorized Person Filing:



Title of authorized signature: Project Manager

Complete items below if an agent signs the application

Firm Name: TÜV Rheinland Hong Kong Ltd.

Telephone: +852 2192 1000

Ext: -

Fax: +852 2192 1008

First Name: Derek

Middle Initial: -

Last Name: Leung

Address Line 1: 9 /F., Oriental News Building,

Address Line 2: 7 Wang Tai Road, Kowloon Bay, Kowloon

City: -

State: -

Country (if foreign address): Hong Kong S.A.R.

Zip/ Postal Code: -

E-Mail: derek.leung@hk.chn.tuv.com

NOTE: An asterisk `` preceding a field indicates it must be completed before this application can be submitted.