

## DECLARATION OF EQUIPMENT DATA

Send to: \_\_\_\_\_@dekra.com

Offer n°: \_\_\_\_\_

### 1. Identification of the Client <sup>(1)</sup>

<b>Company name(*):</b>	
<b>Full Postal address (including country):</b>	
<b>Contact person:</b>	
<b>Job title / Department:</b>	
<b>Telephone:</b>	
<b>e-mail:</b>	

<sup>(1)</sup> Client: Means any natural or legal person who hires the testing and/or certification services and will pay for them.

(\*) compulsory field

### 2. Identification of Manufacturer <sup>(2)</sup>

Same as paragraph 1

Different. In this case please fill in the following data:

<b>Company name:</b>	
<b>Full Postal address (including country):</b>	
<b>Contact person:</b>	
<b>Job title / Department:</b>	
<b>Telephone:</b>	
<b>e-mail:</b>	

<sup>(2)</sup> Manufacturer: Means any natural or legal person who manufactures the equipment or has equipment designed or manufactured, and **markets that equipment under his name or trade mark.**

### 3. Identification of applicant for FCC and IC test reports (if applicable)

In case of test reports for FCC and IC applications, the applicant company must be registered in FCC and IC databases and must have valid FCC Grantee Code and IC Company Number, which are part of the FCC ID and IC identifications of the device.

Same as paragraph 1

Same as paragraph 2

Different. In this case please fill in the following data:

<b>Company name:</b>	
<b>Full Postal address (including country):</b>	
<b>Contact person:</b>	
<b>Job title / Department:</b>	
<b>Telephone:</b>	
<b>e-mail:</b>	

#### 4. Identification of the test sample

<b>Identification of item tested(*)</b>	
<b>Trademark (Brand name) (*):</b>	
<b>Model name(*):</b>	
<b>Detailed description of product:</b>	
<b>Country of origin:</b>	
<b>Hw version:</b>	
<b>Sw version:</b>	
<b>Features supported:</b>	
<b>IMEI TAC (if applicable):</b>	
<b>FCC ID (if applicable):</b>	
<b>IC (if applicable):</b>	

(\*) compulsory field

#### 5. Radio Equipment Specifications (Only needed for SAR, EMC, RF and ITA services)

Please provide a separate entry for each pair of technology and frequency band of the specific transmitting/receiving device, if apply (e.g. a dual band GSM radio capable of GPRS may require 4 entries (850 MHz GSM; 850 MHz GPRS; 1900 MHz GSM; 1900 MHz GPRS)).

##### RF Interface 1:

<b>Technology:</b>	
<b>Frequency band / range:</b>	
<b>Maximum chipset/conducted output power:</b>	
<b>Emission designator:</b>	
<b>Modulations:</b>	
<b>Channel Spacing:</b>	

<b>Number of channels:</b>	
<b>Channel bandwidth:</b>	
<b>Type of antenna:</b>	
<b>Antenna gain:</b>	

**RF Interface 2:**

<b>Technology:</b>	
<b>Frequency band / range:</b>	
<b>Maximum chipset/conducted output power:</b>	
<b>Emission designator:</b>	
<b>Modulations:</b>	
<b>Channel Spacing:</b>	
<b>Number of channels:</b>	
<b>Channel bandwidth:</b>	
<b>Type of antenna:</b>	
<b>Antenna gain:</b>	

**Simultaneous transmission:**

<b>RF Interfaces transmitting simultaneously</b>	
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**Distance between nearby persons and each device antenna (only required for RF Exposure/SAR if applies):**

<b>Distance</b>	
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## 6. Test Sample description (compulsory information for EMC and RF testing services)

Ports..... :	Port name and description	Cable					
		Specified max length [m]	Attached during test	Shielded	Coupled to patient <sup>(3)</sup>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Supplementary information to the ports..... :							
Rated power supply .....	Voltage and Frequency		Reference poles				
			L1	L2	L3	N	PE
	<input type="checkbox"/>	AC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	AC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	DC:					
<input type="checkbox"/>	DC:						
Rated Power .....							
Clock frequencies..... :							
Other parameters .....							
Software version .....							
Hardware version .....							
Dimensions in cm (W x H x D) .....							
Mounting position .....	<input type="checkbox"/>	Table top equipment					
	<input type="checkbox"/>	Wall/Ceiling mounted equipment					
	<input type="checkbox"/>	Floor standing equipment					
	<input type="checkbox"/>	Hand-held equipment					
	<input type="checkbox"/>	Other:					
Modules/parts..... :	Module/parts of test item		Type	Manufacturer			

Accessories (not part of the test item) .....	Description	Type	Manufacturer
Documents as provided by the applicant.....	Description	File name	Issue date

<sup>(3)</sup> Only for Medical Equipment

## 7. Test report reception:

The test reports will be sent in electronic format to the customer in a standard email format (non encrypted). Please, fill in the following data for the test reports reception (the test report will be sent only to the email address provided under your consent, so please, provide as much emails address as desired if more than one if needed):

<b>e-mail (only for test report's reception):</b>	
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Please indicate if you wish to receive a simplified test report for the referenced equipment with the following content <sup>(4)</sup>:

- Identification of item tested
- Trademark
- Model and /or type reference tested
- Derived model not tested (if applicable)
- Other identification of the product
- Features
- Manufacturer
- Test method requested, standard
- Summary

Please also indicate your language preferences <sup>(5)</sup>:

- I want to receive the Test Report in **English**.
- I want to receive the Test Report in **Spanish**.

<sup>(4)</sup> Simplified test report will incur in an additional cost.

<sup>(5)</sup> Requesting both languages will be considered as requesting a duplicate and will incur in an additional cost. In case of not completing the previous option the test reports will be sent in English by default.

## 8. Test Samples Return:

Please, fill in the following data for the test samples return <sup>(5)</sup>:

<b>Sample value (€) <sup>(6)</sup>:</b>	
<b>Courier Company to be used <sup>(7)</sup>:</b>	
<b>Account Number <sup>(7)</sup>:</b>	
<b>Contact Person:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

<sup>(5)</sup> The test samples and accessories will be returned following the information above just after the testing is finished or when requested by the applicant. In case instructions are not received samples will be kept during a maximum of 3 months. If instructions are not received after this period a notification will be sent by post to inform about next steps to be taken.

<sup>(6)</sup> If sample valuation value is not specified, the valuation value will be 10 €.

<sup>(7)</sup> If this information is not provided then we will use our own Courier and Insurance Company, adding the proper extra costs to the final invoice.

If you do not want to have test samples and accessories returned, please then tick below to authorize its destruction:

I authorize DEKRA to destroy the test samples and accessories received after the testing is finished.

**Date:** \_\_\_\_\_

**Signature:**