

FCC Part 15D – Compliance Information

EUT AND PRODUCT INFORMATION

Type of Equipment	UPCS (DECT 6.0)
Applicant Name	NEC Nederland B.V.
Address	Anton Philipsweg 1, 1223 KZ Hilversum, The Netherlands
Contact	F. Dosil (federico.dosil@emea.nec.com)

	FP	PP	Repeater
EUT Type/System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FCC ID	UTCAP400E-001		
Model name	AP400E		
HW Version	V2 Rev E		
SW Version	TBD		
Max antenna Gain	8 dBi		
Can the EUT be Initiating Device	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Does the EUT transmit signaling channels	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Max number of slots in use simultaneously	24		
Test standard:	<input checked="" type="checkbox"/> FCC part 15D	<input checked="" type="checkbox"/> Other: Industry Canada RSS-213, Issue 2	
Frequency Band	1921.536 – 1928.448 MHz		
# of RF Channels	5		
Frame Period	10 ms		
Max. Burst length	420 us		
Min. Burst Length	83 uS		
# of Logical Channels	60 (12 duplex channels per RF carrier)		
Operating Mode	<input type="checkbox"/> Simplex	<input checked="" type="checkbox"/> Duplex	

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ANTENNAS

Base (FP)	Antenna	Type	Internal	External
	1	Dual slant monopole	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>
Does RX and TX use the same antenna(s)?			<input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No

Handset (PP)	Antenna	Type	Internal	External
	1		<input type="checkbox"/>	<input type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>
	Does RX and TX use the same antenna(s)?		<input type="checkbox"/>	Yes <input type="checkbox"/> No

ANTENNA DIVERSITY

	Antenna	Diversity Supported	
		TX	RX
Base (FP)	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	<input checked="" type="checkbox"/>	<input checked="" 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"/>

VOLTAGE AND TEMPERATURE RANGES

VOLTAGES	FP	PP	Repeater
Nominal Voltage	48V		
Cut-Off Voltage (if applicable)	36V		
POWER SOURCE	Type		Manufacturer
Base or Repeater	PoE (Power Over Ethernet)		Not included in product
Handset (PP) (charger)			
Data Connections	<input type="checkbox"/> PSTN <input checked="" type="checkbox"/> Others (please specify) Ethernet		

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ANCILLARY EQUIPMENT

Description	
Type	
Manufacturer	

HOST DEVICE

Description	
Type	
Manufacturer	

ADDITIONAL INFORMATION

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MANUFACTURERS DECLARATIONS

FCC part 15.323 (c)(5)

No device or group of co-operating devices located within 1m 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
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FCC part 15.323 (c)(10)

The applicant hereby declares that the system in this application **does** use the criteria of (c)(10) of this section.

Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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FCC part 15.323 (c)(11)

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
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FCC part 15.323 (c)(12)

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
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FCC part 15.307 (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
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ADDITIONAL REMARKS:

DECLARED BY:

Date 2011 May 25th

Name F. Dosil

Signature

