 Technical Features and Characteristics – Test Report Cover Sheet

(PLEASE UPLOAD AS APPLICATION FORM EXHIBIT)

|  |  |
| --- | --- |
| **ISED CERTIFICATION NUMBER:** |  |
| **ISED WIRELESS TEST LAB COMPANY NUMBER:** |  |
| **(if applicable)**  **ADDITIONAL ISED WIRELESS TEST LAB COMPANY NUMBERS:** |  |
| **(if applicable)**  **SAR TEST LAB CANADA NUMBER:** |  |
| **(if applicable)**  **ADDITIONAL RF EXPOSURE TEST LAB CANADA NUMBER (i.e. MPE/Power Density):** |  |
| **DESCRIPTION AND GAIN OF ANTENNAS CERTIFIED WITH THIS DEVICE:**  **Note: This may optionally reference information found elsewhere in the application (i.e. test report Page X).** |  |

|  |  |
| --- | --- |
| **TYPE OF EQUIPMENT (Select All That Apply):**  [New List as of June 2021] | |
| - Aeronautical Device  - Amplifier/Band Translator/Zone Enhancer – Consumer  - Amplifier/Band Translator/Zone Enhancer – Industrial  - Analog/Digital Scanner  - Audio – Headphones/Earbuds  - Audio – Sound System  - Audio – Wireless Microphone/Bodypack Device  - Auditory/Hearing Aid Device  - BETS Device  - Broadband Com. Device – Point-Point, Point-to-Multipoint  - CPE  - Cellular M2M Device  - Cellular Network – Base Station  - Cellular Network – Mobile Phone/Smartphone  - Cellular Network – Other Mobile Device  - Cellular Network – Other Portable Device  - Cordless Phone / Base  - FRS/GMRS Device  - Fixed/Mobile – Satellite/Earth Stations  - General Field Strength Device  - Land Mobile Radio – Fixed  - Land Mobile Radio - Mobile | - Land Mobile Radio – Portable  - Marine Coast Station (Fixed)  - Marine Shipborne Station & Portable Transmitters  - Medical Device  - Motion Sensor Device  - Other  - Proximity Reader/Sensor  - RFID Device  - Radar Device  - Remote Control Device  - Router/Access Point – Networking  - Security Device / Alarm System  - Smart Home Device  - Tablet / Laptop  - Unmanned Aerial Vehicle/Drone  - VR Headset/Glasses/Camera System  - Vehicle Entertainment/Network Device  - White Space Device  - WiGig Device  - Wireless Local Area Network Device  - Wireless Local Area Network Device (Indoor Only)  - Wireless Power Transfer Device |

|  |
| --- |
| **ATTESTATION**:  I declare that the test measurements were made in accordance with the above Industry Canada standard(s); and that the equipment identified in this application has been subjected to all the applicable test conditions specified in the Industry Canada standards and all of the requirements of the standard have been met.  Signature:  Date:  (PLEASE PRINT OR TYPE)  - APPLICANT or  - AUTHORIZED AGENT  NAME:  TITLE:  COMPANY : |

Technical Features and Characteristics – Test Report Cover Sheet Cont.

IC Certification Number:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | A | | B | C | D | E | F | G | H | I | J |
|  | **RSS Standard** | | **Frequency Band**  **(MHz)**  **Min to Max** | **Modulation Method**  **i.e. 802.11b,**  **BT – EDR, etc.** | **Minimum RF Output Power Level**  **(in Watts)** | **Maximum RF Output Power Level**  **(in Watts)**  **Or Field Strength**  **Include Type\*** | **Emission Designator** | **99% Measured or Calculated BW (kHz)** | **Measured BW**  **(kHz)**  **additional as required by specific RSS** | **Measured BW Type, i.e. 99%, 26 dB, 20 dB, 6 dB, Other, etc.**  **additional as required by specific RSS** | **Transmitter Spurious Worse Case**  **Closest to Limit (Units @ distance)** |
| **RSS #** | **Issue #** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |  |  |

\*Note 1: Please denote power as Conducted, ERP, EIRP, or Units @ distance for Field Strength as appropriate. If Field Strength is used, Minimum Power (Column 3) does not need to be filled. Field Strength should be reported in dBuV/m at one of the following distances only 3, 10, 30, 300.

Note 2: If more than 5 entries are necessary in the table, this Document should be provided to ACB AS AN APPLICATION FORM - twice (one SIGNED copy in PDF, one UNSIGNED copy in Word).

Note 3: Add Additional Rows to above table as necessary.

Note 4: All the above information is required by IC to complete the REL listing and must be provided with the submission

Typical Example of above data may be:

RSS-210 10 5260-5320 11n(20) 0.015 conducted 0.030 conducted 20M2D7W 20200 19600 6 dB 52.3 dBuV/m @ 3m