THIS MUST BE SIGNED BY THE APPLICANT OR THEIR AGENT AND SHOULD BE PLACED ON APPROPRIATE LETTERHEAD

Date:

American Certification Body

313 Park Avenue, Suite 300

Falls Church, VA 22046

Subject: Certification of Equipment under the Radio Certification Program

To Whom It May Concern:

Enclosed, please find a radio application from \_\_\_\_\_\_(Company Name Here)\_\_\_\_\_\_\_\_, requesting the certification of the \_\_\_\_\_\_(Equipment Description Here)\_\_\_\_\_\_\_\_ for Industry Canada under the Radio Certification Program.

Below is the relevant information regarding the above noted device -

IC : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PMN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

HVIN : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Standards Applied: \_\_\_\_\_\_(Applicable standards here)\_\_\_\_\_\_\_

We have enclosed the completed the application form with the applicable exhibits.

If you have any questions or need any additional information, please let me know.

Sincerely,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Print name)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Email Address)

On behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company Name)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS MUST BE SIGNED BY THE APPLICANT AND SHOULD BE PLACED ON APPLICANTS LETTERHEAD ONLY IF AGENT IS SUBMITTING APPLICATION

Attn: Director of Certification

**Authority to Act as Agent**

I appoint \_\_\_\_\_\_(Insert Agent Name Here)\_\_\_\_\_\_\_\_ to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Canada’s regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by American Certification Body, Inc. (ACB), still resides with \_\_\_(applicant name and address)\_\_\_.

Dated this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

Agency Agreement Expiration Date: (Typically 8-12 months)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Print name)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company Name)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Request for Confidentiality**

Date: March 6, 2024

Subject: Confidentiality Request for: \_\_\_\_\_\_(Insert FCC ID and/or IC ID)\_\_\_\_\_\_

Pursuant to FCC 47 CFR 0.457(d) and 0.459 and/or IC RSP-100, Section 12.4, the applicant requests that a part of the subject application(s) be held confidential.

|  |  |
| --- | --- |
| **Type of Confidentiality Requested** | **Exhibit** |
| [ ]  Short Term | [ ]  Permanent | Block Diagrams |
| [ ]  Short Term | --------------------------- | External Photos |
| [ ]  Short Term | [ ]  Permanent \*[[1]](#footnote-1) | Internal Photos |
| [ ]  Short Term | [ ]  Permanent | Operation Description/Theory of Operation |
| [ ]  Short Term | [ ]  Permanent | Parts List & Placement/BOM |
| [ ]  Short Term | [ ]  Permanent | Tune-Up Procedure |
| [ ]  Short Term | [ ]  Permanent | Schematics |
| [ ]  Short Term | --------------------------- | Test Setup Photos |
| [ ]  Short Term | [ ]  Permanent \*1 | User’s Manual |

\_\_\_\_\_\_(Insert Company Name)\_\_\_\_\_\_ has spent substantial effort in developing this product and it is one of the first of its kind in industry. Having the subject information easily available to "competition" would negate the advantage they have achieved by developing this product. Not protecting the details of the design will result in financial hardship.

**Permanent Confidentiality:**

The applicant requests the exhibits listed above as permanently confidential be permanently withheld from public review due to materials that contain trade secrets and proprietary information not customarily released to the public.

**Short-Term Confidentiality for FCC Applications:**

The applicant requests the exhibits selected above as short term confidential be withheld from public view for a period of \_\_ (specify number of days not to exceed 180)[[2]](#footnote-2)\_\_\_ days from the date of the Grant of Equipment Authorization and prior to marketing. This is to avoid premature release of sensitive information prior to marketing or release of the product to the public. Applicant is also aware that they are responsible to notify ACB in the event information regarding the product or the product is made available to the public before the requested period has expired. ACB will then release the documents listed above for public disclosure pursuant to FCC Public Notice DA 04-1705.

**Short Term Confidentiality for Industry Canada Applications:**

Starting May 2022, ISED will recognize short term confidentiality on certain exhibits until the intended date of marketing. The applicant requests the exhibits selected above as short term confidential be withheld from public view until: (specify ISED expiration date / date of marketing) .

Sincerely,

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature/Title[[3]](#footnote-3)) (Print name)

**Canadian Representative Letter**

**NOTE:**

**The following 2 pages are example letters that ISED is recommending to be provided with each application to ensure that the REL listing will occur as soon as possible.**

**Without this letter, please note that a significant delay in REL listing may occur. Additionally not using appropriate company letterhead from the Canadian Representative may Delay the REL listing.**

**Please note that there are 2 sample letters. The first sample is for Multiple Certifications (covering multiple Certification Numbers) while the second one is for Specific Single Certifications (covering single Certification Numbers).**

**CANADIAN REPRESENTATIVE LETTER OF ATTESTATION**

**NOTE: Use Appropriate Company Letterhead or ISED may Delay the REL Listing**

(**Multiple** Certifications or Registrations sample letter)

**Canadian Representative**

Company Name:

Company Number (CN):

Contact Name:

Street Address:

City/Province/Zip:

Telephone No:

Fax No:

Email:

**TO: Innovation, Science and Economic Development Canada**

 **Certification and Engineering Bureau**

3701 Carling Ave., Bldg. 94

Ottawa, ON, K2H 8S2

**ATTENTION: Certification and Engineering Bureau**

This letter is to confirm that we have accepted the responsibility to act as

Canadian Representative on behalf of the **Applicant** noted below for all future

Innovation, Science and Economic Development Canada’s (Formally Industry Canada) certification/registrations obtained during the period of this agreement which ends at the specified date below (if applicable). As Canadian Representative, we are aware of the requirements involved as outlined in **ISED’s** applicable documents (RSP-100, Section 4.1 and/or DC-01, Section 6).

**Applicant**

Company Name:

Company Number (CN):

Contact Name:

Street Address:

City/Zip:

Telephone No:

Fax No:

Email:

***This Agreement is Valid Until (expiration date):***

**Signature:**

**Date:**

**Signed by (printed name):**

**CANADIAN REPRESENTATIVE LETTER OF ATTESTATION**

**NOTE: Use Appropriate Company Letterhead or ISED may Delay the REL Listing**

(**Single** Certification or Registration sample letter)

**Canadian Representative**

Company Name:

Company Number (CN):

Contact Name:

Street Address:

City/Province/Zip:

Telephone No:

Fax No:

Email:

**TO: Innovation, Science and Economic Development Canada**

 **Certification and Engineering Bureau**

3701 Carling Ave., Bldg. 94

Ottawa, ON, K2H 8S2

**ATTENTION: Certification and Engineering Bureau**

This letter is to confirm that we have accepted the responsibility to act as

Canadian Representative on behalf of the **Applicant** noted below. As Canadian Representative, we are aware of the requirements involved as outlined in **ISED’s** applicable documents (RSP-100, Section 4.1 and/or DC-01, Section 6).

**Applicant**

Company Name:

Company Number (CN):

Contact Name:

Street Address:

City/Zip:

Telephone No:

Fax No:

Email:

Certification / Registration Number:

HVIN Number:

**Signature:**

**Date:**

**Signed by (printed name):**

**RSS-102 Attestation Changes (March 2015)**

**NOTE:**

**The following pages contain RSS-102 ANNEX A1/A2, B & C. The following process must now be followed by applicants for IC:**

**excerpt from RSS-102**

**2.4 Approval Process**

To obtain approval under this standard, the above-mentioned application for certification shall be

accompanied by the duly completed RF technical brief cover sheet (see Annex A1/A2) and a properly signed declaration of compliance (see Annex B). However, if the device in question meets the exemption from routine evaluation limits of sections 2.5.1 or 2.5.2, only a signed declaration of compliance needs to be submitted (see Annex C).

In addition, submission of the RF exposure technical brief is now required for certification. It shall be accompanied by the completed RF technical brief cover sheet.

(NOTE: Annex A1/A2 & B are Required When SAR or RF Evaluation Measurements are Applicable)

RSS-102 Annex A1 (SAR and LPD Technical Brief Cover Sheet)

The worst case LPD, SAR, RF Exposure and/or Nerve Stimulation values applicable to the test device are to be reported in the sections below.

All fields must be complete with the requested information or the following codes:

N/A for Not Applicable, N/P for Not Performed or N/V for Not Available

|  |
| --- |
| **Applicant/Product Information** |
| **Company Number:** |  | **IC Certification Number:** |  |
| **Product Marketing Name (PMN):** |  | **Host Marketing Name (HMN):** |  |
| **Hardware Version ID. (HVIN):** |  | **Software Version ID.Number (FVIN):** |  |
| **Applicant:** |  |

**Localized Power Density > 6 GHz**

|  |  |
| --- | --- |
| **LPD: Vicinity of Human Head Device** | **LPD Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **LPD Value:** | **W/cm2** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

|  |  |
| --- | --- |
| **LPD: Body Worn or Body Supported Device** | **LPD Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **LPD Value:** | **W/cm2** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

|  |  |
| --- | --- |
| **LPD: Limb-Worn Device** | **LPD Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **LPD Value:** | **W/cm2** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

**SAR**

|  |  |
| --- | --- |
| **SAR: Vicinity of Human Head Device** | **SAR Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **SAR Value:** | **W/kg** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

|  |  |
| --- | --- |
| **SAR: Body Worn or Body Supported Device** | **SAR Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **SAR Value:** | **W/kg** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

|  |  |
| --- | --- |
| **SAR: Limb-Worn Device** | **SAR Test Lab:** |
| **Multiple Transmitter:** | **[ ] -Yes  [ ] -No** | **Duty Cycle:** | **%** |
| **Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Compliance Distance:** | **mm** |
| **SAR Value:** | **W/kg** | **[ ] -Measured   [ ] -Calculated [ ] -Computed** |

RSS-102 Annex A2 (RF Exposure Evaluation and NS Technical Brief Cover Sheet)

The worst case SAR, RF Exposure and/or Nerve Stimulation values applicable to the test device are to be reported in the sections below.

All fields must be complete with the requested information or the following codes:

N/A for Not Applicable, N/P for Not Performed or N/V for Not Available

|  |
| --- |
| **Applicant/Product Information** |
| **Company Number:** |  | **IC Certification Number:** |  |
| **Product Marketing Name (PMN):** |  | **Host Marketing Name (HMN):** |  |
| **Hardware Version ID. (HVIN):** |  | **Software Version ID.Number (FVIN):** |  |
| **Applicant:** |  |

**RF Exposure Evaluation Information**

|  |  |
| --- | --- |
| **RF Exposure Evaluation Information** | **RF Exposure Test Lab:** |
| **RF Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** | **Duty Cycle:** | **%** |
| **RF Field Strength Value:** |  | **[ ] -V/m****[ ] -A/m****[ ] -W/m2** | **[ ] -Measured****[ ] -Calculated****[ ] -Computed** | **Compliance Distance:** | **Meter(s)** |
| **(Note: 10 W/m2 = 1 mW/cm2)** |

**Nerve Stimulation (NS) Exposure Information**

|  |  |
| --- | --- |
| **Nerve Stimulation Exposure Information** | **NS Test Lab:** |
| **RF Exposure Limits Used:** | **[ ] -General Public Use  [ ] -Controlled Use** |
| **Electric Field Strength Value** |
| **Value:** | **V/m (r.m.s.)** | **[ ] -Measured****[ ] -Computed** | **[ ] -Body/Torso/Head****[ ] -Arm****[ ] -Leg****[ ] -Hand/Foot** |
| **Compliance Dist:** | **Meter(s)** |
| **Magnetic Field Strength Value** |
| **Value:** | **A/m (r.m.s.)** | **[ ] -Measured****[ ] -Computed** | **[ ] -Body/Torso/Head****[ ] -Arm****[ ] -Leg****[ ] -Hand/Foot** |
| **Compliance Dist:** | **Meter(s)** |

RSS-102 Annex B

(NOTE: Annex A1/A2 & B are Required When SAR or RF Evaluation Measurements are Applicable)

|  |
| --- |
| **ATTESTATION:** I attest: a) that the information provided in Annex A1/A2 is correct; b) that the device evaluation was performed or supervised by me;c) that applicable measurement methods and evaluation methodologies have been followed;d) and that the device meets the SAR, RF Exposure Evaluation, and/or Nerve Stimulation limits of RSS-102. |
| Signature: Date:  |
| **NAME (Please print or type):****TITLE (Please print or type):****COMPANY (Please print or type):****HVIN NUMBER:** **IC CERTIFICATION NUMBER:**  |

Note 1: To obtain approval under this standard, the above-mentioned application for certification shall be accompanied by the duly completed RF technical brief cover sheet (see Annex A1/A2) and a properly signed declaration of compliance (see Annex B). However, if the device in question meets the exemption from routine evaluation limits of sections 2.5.1 or 2.5.2, only a signed declaration of compliance needs to be submitted (see Annex C).

Note 2: In addition, submission of the RF exposure technical brief is now required for certification. It shall be accompanied by the completed RF technical brief cover sheet (Annex A1/A2+B or C).

Note 3: In cases of exemption according to RSS-102, the information contained in the RF exposure technical brief may be limited to information that demonstrates how the e.i.r.p. or output power was derived (Annex C).

RSS-102 Annex C

(NOTE: Declaration of RF Exposure Compliance for Exemption from Routine Evaluation Limits)

|  |
| --- |
| **ATTESTATION:** I attest: a) that the radiocommunication apparatus meets the exemption from the routine evaluation limits in Section 2.5 of RSS-102;b) that the Technical Brief was prepared and the information contained therein is correct;c) that the device evaluation was performed or supervised by me;d) and that the device meets the SAR, RF Exposure Evaluation, and/or Nerve Stimulation limits of RSS-102. |
| Signature:  |
| Date:  |
| **NAME (Please print or type):****TITLE (Please print or type):****COMPANY (Please print or type):****HVIN NUMBER:** **IC CERTIFICATION NUMBER:**  |

Note 1: To obtain approval under this standard, the above-mentioned application for certification shall be accompanied by the duly completed RF technical brief cover sheet (see Annex A) and a properly signed declaration of compliance (see Annex B). However, if the device in question meets the exemption from routine evaluation limits of sections 2.5.1 or 2.5.2, only a signed declaration of compliance needs to be submitted (see Annex C).

Note 2: In addition, submission of the RF exposure technical brief is now required for certification. It shall be accompanied by the completed RF technical brief cover sheet (Annex A+B or C).

Note 3: In cases of exemption according to RSS-102, the information contained in the RF exposure technical brief may be limited to information that demonstrates how the e.i.r.p. or output power was derived (See section 2.5.1 and 2.5.2) adjusted for tune-up tolerance and compared against the appropriate exemption limit. Note for section 2.5.1 scaling factors may apply for controlled use or limb-worn devices and Linear interpolation is applied between frequencies at the distances specified.

1. - The asterisked items (\*) require further information to be provided to ACB before permanent confidentiality will be extended to these exhibits. Please refer to FCC KDB 726920 and the specific Document link for D01 found at: <https://apps.fcc.gov/oetcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=41731> and review section II, 3) regarding specific information that must accompany these requests. [↑](#footnote-ref-1)
2. - Please refer to <https://acbcert.com/documents/misc-docs/Memo-Short-Term-Vs-Standard-Confidentiality.pdf> for complete details. [↑](#footnote-ref-2)
3. - Must be signed by applicant contact given for applicant on the FCC site, or by the authorized agent if an appropriate authorized agent letter has been provided. Letters should be placed on appropriate letterhead. [↑](#footnote-ref-3)