

# SHENZHEN ECARE ELECTRONICS CO., LTD

06/24/2025

--- Covered List Software Incapability<sup>1</sup> ---

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>Device (model name):</b> | XR-30R,XR-30B,XR30B,XR30R           |
| <b>Grantee:</b>             | SHENZHEN ECARE ELECTRONICS CO., LTD |
| <b>FCC ID:</b>              | 2AATP-XR-30R                        |

Device features:

|                                                                         |                              |                                        |
|-------------------------------------------------------------------------|------------------------------|----------------------------------------|
| <b>Operating System (as applicable):</b>                                | NA                           |                                        |
| <b>Storage Capacity (hard drive or other permanent memory storage):</b> | NA                           |                                        |
| <b>Is installation of third-party software possible?</b>                | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| <b>Does the device have an internet connection?</b>                     | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| <b>Can the device connect to a PC?</b>                                  | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Chipset/module information:

|                                      |                         |
|--------------------------------------|-------------------------|
| <b>Chipset / module part number:</b> | <b>Memory size (MB)</b> |
| MCU 129                              | N/A                     |
|                                      |                         |

Minimum system requirements Kaspersky as of December 3, 2024

|                |                 |                     |                          |
|----------------|-----------------|---------------------|--------------------------|
| <b>Android</b> | Memory: 120 MB  | Disc space: unknown | Processor speed: unknown |
| <b>MacOS</b>   | Memory: 2000 MB | Disc space: 2200 MB | Processor speed: unknown |
| <b>Windows</b> | Memory: 1000 MB | Disc space: 1000 MB | Processor speed: 1 GHz   |
| <b>Linux</b>   | Memory: 1000 MB | Disc space: 1000 MB | Processor speed: 1 GHz   |

Based on the review of the above factsheet(s) and device features, the device

- ☒ cannot support installation of any cybersecurity or anti-virus software on the covered list.  
☐ potentially can operate with any cybersecurity or anti-virus software on the covered list – additional 3<sup>rd</sup> party proof is provided to demonstrate compliance with requirements as of 2.911(d)5(i),(ii) – page 2 of this document applies.

|                        |                     |
|------------------------|---------------------|
| <b>Signature:</b>      | <i>Martina Yang</i> |
| <b>Name:</b>           | Martina Yang        |
| <b>Title/Position:</b> | Sales assistant     |

1

List of minimum requirements to implement covered list software – if the EUT does not have capability to install Kaspersky under the given configuration. Page 2 must also be handed in.

**Note:** If the device is capable of running Kaspersky software, at least one document must be provided from a third party showing that the Kaspersky software is not present on the device. This could include the results of a software scan, a screen capture of the device software register or other objective evidence that proves the Kaspersky software is not on the device. Please follow options listed on page 2.

# SHENZHEN ECARE ELECTRONICS CO., LTD

- Options to provide of compliance with covered list software requirements -

Please fill in as applicable and provide additional proof as requested:

|   |                                                                                                                                                                                                                                                                                           |                                          |                                 |                                         |  |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------|-----------------------------------------|--|
| 1 | Has the client signed an attestation stating the device is incapable of running the Kaspersky software (page 1)?<br><br>* YES – no more proof needed – 2-5 do not apply > N/A<br>** NO – more proof must be provided (item 2-5 must be answered)                                          | <input checked="" type="checkbox"/> YES* | <input type="checkbox"/> NO**   |                                         |  |
| 2 | Did the test lab or other 3rd party other than the certification body and applicant provide a list of software installed on the device and is there no evidence of Kaspersky software being installed?<br><br>***YES – please:<br>Insert File Name:<br>Insert 3 <sup>rd</sup> Party Name: | <input type="checkbox"/> YES***          | <input type="checkbox"/> NO     | <input checked="" type="checkbox"/> N/A |  |
| 3 | Have the results of a software scan been provided showing that Kaspersky software is not installed on the device?<br><br>***YES – please:<br>Insert File Name:<br>Insert 3 <sup>rd</sup> Party Name:                                                                                      | <input type="checkbox"/> YES***          | <input type="checkbox"/> NO     | <input checked="" type="checkbox"/> N/A |  |
| 4 | Has any other objective evidence that Kaspersky software is not installed on the device been provided?<br><br>***YES – please:<br>Insert File Name:<br>Insert 3 <sup>rd</sup> Party Name:                                                                                                 | <input type="checkbox"/> YES***          | <input type="checkbox"/> NO     | <input checked="" type="checkbox"/> N/A |  |
| 5 | Has at least one of the above items been shown as a YES?<br><br>**** NO – applicant failed to provide sufficient proof – application filing is rejected.                                                                                                                                  | <input checked="" type="checkbox"/> YES  | <input type="checkbox"/> NO**** |                                         |  |

**Note:**

Files containing confidential operational details can be kept long-term confidential on applicant's request.