



We,

Company Name: **Z-Wave Europe GmbH**

Address: **Antonstr. 3,**

Postal/Zip: \_\_\_\_\_ City: **Hohenstein-Ernstthal** State/Province: \_\_\_\_\_ Country: **Germany**  
 Contact Person:  Mr.  Ms. Name: **Elke Geisler** Function: **CEO**  
 Email: **info@zwaveeurope.com** Web: \_\_\_\_\_ Phone: **+49 3723 8099050** Fax: **+49 3723 8099052**

declare for the equipment identified by:

Product Description **Z-Wave USB Interface**

Type or Model(s) **ZMEUUZB**

Tradename or Brand(s) **N/A**

This device complies with Part 15 of the FCC Rules.  
 that: Operation is subject to the following two conditions:

- (1) this device may not cause harmful interference, and
- (2) this device must accept any interference received, including interference that may cause undesired operation.

b). DoC testing is pending at this moment, but will execute and finish the required DoC testing in an FCC accredited Laboratory *before* marketing the device in the U.S. The following Accredited Test Firm will complete DoC testing:

Accredited Test Firm or Laboratory name:

**PEP Certification Corp. APEC TEL TW1075**

#### Attestation:

In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the [FCC rule part 15.19](#).

#### Attestation:

| City and Country:                        | Date:             | Name:<br>(this must be a person) | Function:  | Signature:<br>(or official company stamp)  |
|--|-------------------|----------------------------------|------------|--|
| <b>Hohenstein-Ernstthal,<br/>Germany</b> | <b>2014-05-14</b> | <b>Elke Geisler</b>              | <b>CEO</b> | <b>Z-Wave Europe GmbH</b><br>Antonstr. 3<br>D- 09337 Hohenstein-Ernstthal<br><a href="http://www.zwaveeurope.com">http://www.zwaveeurope.com</a> |