

**CKC Certification Services, LLC**

CB: US0103; NB/AB: 0976  
5046 Sierra Pines Drive  
Mariposa, CA 95338  
Phone: 1 800-500-4EMC (4362)  
Fax: 209-787-5568  
Email: tcbadmin@ckc.com



## APP-FCC-A Applicant Attestation

**Applicant Information**

Company Name:	Hearing Lab Technology
Contact Name:	Susan Reid
Contact Title:	Director QA & Regulatory
Company Address:	14301 FAA Blvd, Suite 105, Fort Worth, TX 76155
Telephone No:	267- 543-0058
Facsimile No:	
Email Address:	sreid@hltheating.com

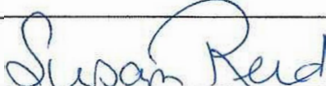
**Certification Type / Equipment Identification**

Certification Program:	Radio Certification
Certification Number:	2AC2W-SQCUSITC

The equipment identified above ☐ is / ☒ is not "covered" equipment prohibited from receiving an equipment authorization pursuant to 47 CFR Part 2, Subpart J, §2.903.

The applicant identified above ☐ is / ☒ is not identified on the FCC's "Covered List" as an entity, affiliate, or subsidiary which produces equipment on the "Covered List" or identified as an entity which has rebranded or relabeled equipment produced by entities identified on the "Covered List."

I hereby attest and certify that the above statements are true and correct.

Signature of Authorized Individual: <sup>1</sup>	
Printed Name:	Susan Reid
Title of authorized signature:	Director QA & Regulatory
Date	3/23/2023

Note this attestation shall be signed by the applicant or their direct appointee within the same legal entity. A third party agent is not permitted to sign on behalf of the applicant.

<sup>1</sup> Signature is not subject to the FCC's authorized individual policy (KDB 852134) and may be signed by any appropriate company official.