

FCC Declaration of Conformity

Morpho

Number: **CF302**

Version: **V03**

Date: 22-08-2011

DoC

We,

Company Name: Morpho

Address: 11 boulevard Gallieni,

Postal/Zip: _____ City: 92 130 ISSY LES MOULINEAUX,

State/Province _____

Country: FRANCE

Contact Person: ☒ Mr. ☐ Ms. Name: Christophe SUEUR

Function: Manager

Email: fcctcb@foxmail.com

Web: _____

Phone: +33(0)1 58 11 57 68

Fax: +33(0)1 58 11 55 60

declare for the equipment identified by:

Product Description MorphoBT - Morpho Biometric Terminal

Type or Model(s) E110B

Tradename or Brand(s) Morpho

that:

This device complies with Part 15 of the FCC Rules.

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.**

(if the DoC test reports are available at this moment, please cross item a below)

☒ a). The following test reports, issued by an FCC accredited Laboratory, are subject to this declaration:

Accredited Test Firm or Laboratory name:

Compliance Certification Services Inc.

Test Report Number:

T140521N04-D

Date of issue:

May 16, 2014

(if no DoC test report is available at this moment, then if you agree with the statement made in item b below, please cross item b below)

☐ 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:

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](#).

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
<u>FRANCE</u>	<u>July 24, 2014</u>	<u>Christophe SUEUR</u>	<u>Manager</u>	