

A declaration of conformity can only be issued by a U.S. entity based on a test report from an accredited laboratory. Accredited laboratories are located in the U.S.

**DoC**

We,

(responsible party must be a legal entity registered within the U.S., see [FCC rule part 2.909 \(2\)](#), must a U.S. address, such as importer or local manufacturer)

Company Name: ROCKI Technology, INC.

Address: 1209 Orange Street, Wilmington

Postal/Zip: City: Delaware State/Province: Country: USA

Contact Person: ☒ Mr. ☐ Ms. Name: Jackson zhou Function:

Email: tim@51mti.com Web: Phone: 626 288 4880 Fax:

declare for the equipment identified by:

Product Description Rocki Play Plus

Type or Model(s) RCK2100

Tradename or Brand(s) N/A

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: Test Report Number: Date of issue:

(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:

HK Standards and Testing Centre (HKSTC)

Add: 38/F, Office Tower, Convention Plaza, 1 Harbour Road, Wanchai, Hong Kong

**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)
shenzhen	2014.11.25	Jackson zhou	Manager	