

Inzinius, Inc.

#315, Verdi-Tower, 72 Digital-ro 26-gil, Guro-gu, Seoul, Korea

04/30/2025

--- Covered List Software Incapability¹ ---

Device (model name):	AS_614
Grantee:	2AEJ5
FCC ID:	2AEJ5-AS-614

Device features:

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

Chipset/module information:

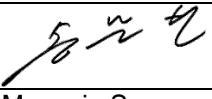
Chipset / module part number:	Memory size (MB)

Minimum system requirements Kaspersky as of December 3, 2024

Android	Memory: 120 MB	Disc space: unknown	Processor speed: unknown
MacOS	Memory: 2000 MB	Disc space: 2200 MHz	Processor speed: unknown
Windows	Memory: 1000 MB	Disc space: 1000 MB	Processor speed: 1 GHz
Linux	Memory: 1000 MB	Disc space: 1000 MHz	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 3rd party proof is provided to demonstrate compliance with requirements as of 2.911(d)5(i),(ii) – page 2 of this document applies.

Signature:	
Name:	Moonvin Song
Title/Position:	Chief Research Engineer

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.

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- 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)? * YES – no more proof needed – 2-5 do not apply > N/A ** NO – more proof must be provided (item 2-5 must be answered)	<input checked="" type="checkbox"/> YES* * YES – no more proof needed – 2-5 do not apply > N/A ** NO – more proof must be provided (item 2-5 must be answered)	<input type="checkbox"/> NO** * YES – no more proof needed – 2-5 do not apply > N/A ** NO – more proof must be provided (item 2-5 must be answered)		
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? ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> YES*** ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> NO ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input checked="" type="checkbox"/> N/A ***YES – please: Insert File Name: Insert 3 rd Party Name:	
3	Have the results of a software scan been provided showing that Kaspersky software is not installed on the device? ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> YES*** ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> NO ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input checked="" type="checkbox"/> N/A ***YES – please: Insert File Name: Insert 3 rd Party Name:	
4	Has any other objective evidence that Kaspersky software is not installed on the device been provided? ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> YES*** ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input type="checkbox"/> NO ***YES – please: Insert File Name: Insert 3 rd Party Name:	<input checked="" type="checkbox"/> N/A ***YES – please: Insert File Name: Insert 3 rd Party Name:	
5	Has at least one of the above items been shown as a YES? **** NO – applicant failed to provide sufficient proof – application filing is rejected.	<input checked="" type="checkbox"/> YES **** NO – applicant failed to provide sufficient proof – application filing is rejected.	<input type="checkbox"/> NO**** **** NO – applicant failed to provide sufficient proof – application filing is rejected.		

Note:

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