

## **Declaration of Authorization**

We Name: Address: City: Country:	< Shanghai Sunmi Technology Co.,Ltd.> Room 505,No.388,Song Hu Road,Yang Pu District,Shanghai,China. Shanghai
Declare that:	
Name Representativ Agent Company nan Address: City: Country	· · ·
is authorized to apply for Certification of the following product(s):	
	Handheld Wireless Terminal T8F1CSUNMI
on our behalf.	
Date:	2025.07.25
City:	Shanghai
Name:	Fang Lu <sup>(2)</sup>
Function:	Certification Manager
Signature:	Fong Lu

## Notes:

<sup>(1):</sup> Required for FCC application

<sup>(2):</sup> For FCC it must be the Grantee Code "owner" or the authorized agent.