

Attn:

EMCCons DR. RAŠEK GmbH & Co. KG
- Certification Institute -
Stoernhofer Berg 15
91364 Unterleinleiter

Authority to Act as Agent

I appoint **CMC Centro Misure Compatibilità S.r.l.** to act as our agent in the preparation of this application for equipment certification. I certify that submitted documents properly describe the device or system for which equipment certification is sought. I also certify that each unit manufactured, imported or marketed, as defined in Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by EMCCons DR. RAŠEK GmbH & Co. KG, still resides with **MADIC ITALIA S.p.A** located in **Via Volta 39 Cardano al Campo Italy.**

Agency Agreement Expiration Date: 11/08/2020

Date: 07/01/2020

By:



(Signature)

Riccardo Bettiga
(Print name)

Title:

SQE Manager

On behalf of:

MADIC ITALIA S.p.A.
(Company Name)

Telephone:

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