



Certification Application Attestation Statements

Date: December 16, 2024

American Certification Body, Inc.
313 Park Avenue
Suite 300
Falls Church, VA 22046

To Whom It May Concern:

Statement for 47 CFR section 2.911(d)(5)(i)

Bluewind Medical certifies that as of the date of the application the equipment for which authorization is sought is not “covered” equipment¹ prohibited from receiving an equipment authorization pursuant to section 2.903 of the FCC rules.

If the equipment for which the applicant seeks authorization is produced by any of the entities identified on the current Covered List, including affiliates or subsidiaries of the named companies, the applicant must include an explanation on why the equipment is not “covered” equipment.

Additional Explanation: <N/A>

Statement for 47 CFR section 2.911(d)(5)(ii)

Bluewind Medical (“the applicant”) certifies that, as of the date of the filing of this application, the applicant ☐ - is / ☒ - is not identified on the Covered List as an entity producing “covered” equipment.

Thank you,

By: _____
(Signature) _____
Jason Woehrle
(Print name)

Title: Director Regulatory Affairs

Company: Bluewind Medical Telephone: +1-952-240-2229

¹ - The Commission’s [Covered List](https://www.fcc.gov/supplychain/coveredlist) is published by the Public Safety and Homeland Security Bureau and posted on the Commission’s website. This Covered List, which is periodically updated, identifies particular equipment, produced by particular entities, that constitutes “covered” equipment. <https://www.fcc.gov/supplychain/coveredlist>.