



Certification Application Attestation Statements

FOx Biosystems
FRN: 0035925338
Agorarlaan Abis
3590 Diepenbeek
Belgium

Subject: **FCC ID: 2BKW6-WHITEFOX**

To Whom It May Concern:

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

FOx Biosystems 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)

FOx Biosystems ("the applicant") certifies that, as of the date of the filing of this application, the applicant

☐ - is / ☒ - is not ⁽³⁾

identified on the Covered List as an entity producing "covered" equipment.

Date:	09 th September 2024
City:	3590 Diepenbeek
Name ⁽²⁾ :	FOx Biosystems
Function:	CTO
Telephone number:	0032 470 95 50 59
Email address:	info@foxbiosystems.com
Signature:	

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>.

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

(3): double click on the appropriate box and select "checked" then "OK"



Revision Record Sheet:

Revision	Section number	Page number	Date	Remark(s)	issued by
01			07-02-2023	1 st version	RvM
02		1	15-02-2023	Changed Applicant to Company and added "Subject: FCC ID: "	RvdM
03		1	06-06-2024	FRN added at certification application and included [Insert Company Name Here] for the statements	RvdM

Issued/modified by : Richard van de Meer
Function : Certification assessor
Revision : 03
Date : 06-06-2024

Verified by : Willem Jan Jong
Function : Team Lead
Date : 06-06-2024

Released by : Axel Gase
Function : Manager Quality Assurance
Date of release: : 06-06-2024

A handwritten signature in blue ink, located in the bottom right corner of the page.