

FCC Part 15D – Compliance Information

EUT AND PRODUCT INFORMATION

Type of Equipment	UPCS (DECT 6.0)
Applicant Name	Ascom (Sweden) AB
Address	Grimbodalen 2, 40276 Gothenburg, Sweden
Contact	

	FP	PP	Repeater
EUT Type/System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FCC ID	BXZIPBS2		
Model name	IPBS2		
HW Version	3S110614		
SW Version	DVL5-2012		
Max antenna Gain	+0.6 dB		
Can the EUT be Initiating Device	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Does the EUT transmit signaling channels	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
Max number of slots in use simultaneously	12		
Test standard:	<input checked="" type="checkbox"/> FCC part 15D	<input type="checkbox"/> Other: IC RSS-213, Issue 2	
Frequency Band	1921.536 – 1928.448 MHz		
# of RF Channels	5		
Frame Period	10 ms		
Max. Burst length			
Min. Burst Length			
# of Logical Channels	60 (12 duplex channels per RF carrier)		
Operating Mode	<input type="checkbox"/> Simplex	<input checked="" type="checkbox"/> Duplex	

FCC Part 15D – Compliance Information

ANTENNAS

Base (FP)	Antenna	Type	Internal	External
	1		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	2		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>
Does RX and TX use the same antenna(s)?			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	No

Handset (PP)	Antenna	Type	Internal	External	
	1		<input type="checkbox"/>	<input type="checkbox"/>	
	2		<input type="checkbox"/>	<input type="checkbox"/>	
Does RX and TX use the same antenna(s)?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ANTENNA DIVERSITY

	Antenna	Diversity Supported	
		TX	RX
Base (FP)	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>
Handset (PP)	1	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>

VOLTAGE AND TEMPERATURE RANGES

VOLTAGES	FP	PP	Repeater
Nominal Voltage	48 V DC		
Cut-Off Voltage (if applicable)			
POWER SOURCE	Type		Manufacturer
Base or Repeater	PoE		
Handset (PP) (charger)			
Data Connections	<input type="checkbox"/> PSTN <input checked="" type="checkbox"/> Others (please specify): Ethernet		

FCC Part 15D – Compliance Information

ANCILLARY EQUIPMENT

Description	
Type	
Manufacturer	

HOST DEVICE

Description	
Type	
Manufacturer	

ADDITIONAL INFORMATION

FCC Part 15D – Compliance Information

MANUFACTURERS DECLARATIONS

FCC part 15.323 (c)(5)

No device or group of co-operating devices located within 1m of each other shall during any frame period occupy more than 6 MHz of aggregate bandwidth, or alternatively, more than one third of the time and spectrum windows defined by the system.

Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	---	-----------------------------

FCC part 15.323 (c)(10)

The applicant hereby declares that the system in this application **does** use the criteria of (c)(10) of this section.

Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	---	-----------------------------

FCC part 15.323 (c)(11)

The applicant hereby declares that system in this application **does not** use the criteria of (c)(11) of this section.

Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	---	-----------------------------

FCC part 15.323 (c)(12)

The provisions of (c)(10) or (c)(11) of this section **shall not** be used to extend the range of spectrum occupied over space or time for the purpose of denying fair access to spectrum to other devices.

Applicant Agrees	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	---	-----------------------------

FCC part 15.307 (b)

The Applicant is a participating member of UTAM, Inc. and will provide an affidavit from UTAM, Inc. certifying this.

Confirmed By Applicant	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------	---	-----------------------------

ADDITIONAL REMARKS:

>

DECLARED BY:

2011-10-06	Lena Kindmark
Date	Name (print)



Signature