

RSS-102 Annex A – RF Technical Brief Cover Sheet

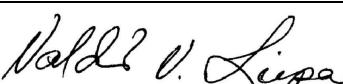
Application and Agreement Form for Industry Canada Certification Services

APPLICANT & ADDRESS: Siemens VDO Automotive 4685 Investment Drive Troy, MI 48098	CONTACT NAME: Charlie Muma EMAIL ADDRESS: charles.muma@siemens.com	TELEPHONE NO.: (248) 763-6783 FACSIMILE NO.: (248) 764-7183
LEGAL STATUS: Corporation, LLC		

MANUFACTURER & ADDRESS: Siemens VDO Automotive 4685 Investment Drive Troy, MI 48098	CONTACT NAME: Charlie Muma EMAIL ADDRESS: charles.muma@siemens.com	TELEPHONE NO.: (248) 763-6783 FACSIMILE NO.: (248) 764-7183
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CANADIAN REPRESENTATIVE & ADDRESS: Siemens Automotive Ltd. 2775 St. Etienne Boulevard Windsor ,ON N8W 5B1	CONTACT NAME: Kurt Van Drus EMAIL ADDRESS: Kurt.vandrus@siemens.com	TELEPHONE NO.: (519)974-5400 FACSIMILE NO.: (519)974-5401
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CERTIFICATION NUMBER consisting of COMPANY NUMBER AND UPN NUMBER: 267F-5WY7777A
MODEL / PART NUMBER(S): 15294306, 15294307, 15294310, 15294311, 15803427, 15803428, 15780256, 15780253
SPECIFICATION STANDARD: RSP-100 / 102 / 210 / GEN and Issue No.: 6, September 2005
TYPE OF SERVICE: NEW FAMILY

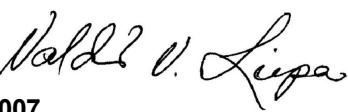
AGREEMENT: THE APPLICANT AGREES TO: (i) Accept responsibility for all ATCB charges arising from this application; (ii) Meet all requirements in accordance with Radio Standards Procedure 100 and other applicable procedures; (iii) Warrant that the test results submitted are a true representation of the characteristics of the radio equipment type for which certification is requested; (iv) Inform ATCB of any changes to the information submitted	
NAME AND TITLE OF APPLICANT (PLEASE PRINT OR TYPE): Dr. Valdis V. Liepa, Research Scientist	
SIGNATURE OF APPLICANT: 	DATE: 4/23/2007

Note: This form must be completed and provided with the submission

COMPANY NUMBER OF APPLICANT:	267F
MODEL / PART NUMBER(S):	15294306, 15294307, 15294310, 15294311, 15803427, 15803428, 15780256, 15780253
TYPE OF EQUIPMENT (Refer to List on Following Pages):	Low Power Transmitter
MANUFACTURER:	Siemens VDO Automotive
TESTED TO RADIO STANDARD SPECIFICATIONS (RSS) NO.:	210, GEN, 102
OPEN AREA TEST SITE INDUSTRY CANADA NUMBER:	2057
NAME OF TESTING LAB:	University of Michigan / EECS
ADDRESS OF TESTING LAB:	3228 EECS Building 1301 Beal Avenue Ann Arbor, Michigan 48109- 2122 USA
TEST REPORT NUMBER(S) AND DATE:	415031-354
LIST OF ACCESSORIES WITH WHICH THE DEVICE WAS TESTED:	None
LIST OF OPERATIONAL FEATURES:	Transmitter
FREQUENCY RANGE (fixed frequency or from - to -):	315 MHz
R.F. POWER IN WATTS (conducted/ERP/EIRP):	Type: Min: Max: Stepped (Y/N): Step Value:
FIELD STRENGTH (at what distance):	74.6 dBuV/m @ 3m, 315 MHz
GAIN OF ANTENNAS CERTIFIED WITH THIS DEVICE:	Integral
OCCUPIED BANDWIDTH (99% BW):	148 kHz
TYPE(S) OF MODULATION:	AM, FSK
EMISSION DESIGNATOR (See TRC-43 for detail):	148kL1D
TRANSMITTER SPURIOUS (worst case):	39.5 dBuV/m @ 3m, 630 MHz
RECEIVER SPURIOUS (worst case):	

ATTESTATION:

I declare that the testing was performed or supervised by me; that the test measurements were made in accordance with the above-mentioned Industry Canada standard(s); and that the equipment identified in this application has been subjected to all the applicable test conditions specified in the Industry Canada standards and all of the requirements of the standard have been met.

Signature: 
Date: 4/23/2007

NAME AND TITLE (Please print or type):

Dr. Valdis V. Liepa, Research Scientist

Note 1: This form must be completed and provided with the submission

Note 2: This form must be accompanied by an attestation letter from the applicant.

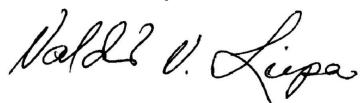
Note 3: If agent is used, this form must also be accompanied by an agent authorization from the applicant.

ATTESTATION:

I attest:

- a) that when SAR or RF Exposure Evaluation testing is required and has been performed, that the information provided in Annex A is correct;
- b) that a Technical Brief was prepared and the information it contains is correct; that the device evaluation was performed or supervised by me; that applicable measurement methods and evaluation methodologies have been followed and that the device meets the SAR and/or RF exposure limits of RSS-102.

Signature:



Date: 4/23/2007

NAME (Please print or type):

Dr. Valdis V. Liepa

TITLE (Please print or type):

Research Scientist

COMPANY (Please print or type):

University of Michigan / EECS

Note 1: To obtain approval under this Standard, each application for certification shall be accompanied by the duly completed RF technical brief cover sheet (see Annex A) and a properly signed declaration of compliance (see Annex B). However, if the device in question meets the exemption from routine evaluation limits of Sections 2.5.1 or 2.5.2, only a properly signed declaration of compliance (Annex B) shall be submitted.

Note 2: Although submission of the RF exposure technical brief is not required for certification, it shall be made available upon request, for as long as the device model is marketed in Canada.

Note 3: In cases of exemption according to RSS-102, the information contained in the RF exposure technical brief may be limited to information that demonstrates how the e.i.r.p. or output power was derived.



American Telecommunications Certification Body Inc.
6731 Whittier Ave, McLean, VA 22101

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name

Siemens VDO Automotive

2. Applicant's mailing address (Line 1)

**4685 Investment Drive
Troy, MI 48098**

FRN Number

0006725386

Engineer:

Examiner:

3. FCC ID:

(a) Grantee Code

M | 3 | N

(b) Equipment Product Code

(14 characters maximum)

5WY7777A

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)

Charlie Muma

5. (a) Telephone No. (Area/Country/City Code, No. and Ext.)

(248) 763-6783

(b) FAX No. (Area/Country/City Code and No.)

(248) 764-7183

(c) Internet e-mail address: charles.muma@siemens.com

SECTION II – CONTACT INFORMATION

1.(a) Instead of Applicant, original Grant shall be mailed to:

Firm Name,
Number, street,
City,
State/Country,
ZIP/Postal Code

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant:

2.(a) Technical contact:

Firm Name, **University of Michigan/EECS**
Contact person, **Valdis V. Liepa**
Number, street, **1301 Beal Ave.**
City, **Ann Arbor**
State/Country, **MI**
ZIP/Postal code **48109**

(b) Telephone No. (Area/Country/City code, No. and Ext.)

734 – 483 – 4211

(c) FAX No. (Area/Country/City code, and No.)

734 – 647-2106

(d) Internet e-mail address: liepa@umich.edu

(e) Non-Technical contact:

Firm Name, **University of Michigan/EECS**
Contact person, **Valdis V. Liepa**
Number, street, **1301 Beal Ave.**
City, **Ann Arbor**
State/Country, **MI**
ZIP/Postal code **48109**

(f) Telephone No. (Area/Country/City code, No. and Ext.)

734 – 483 – 4211

(g) FAX No. (Area/Country/City code, and No.)

734 – 647-2106

(h) Internet e-mail address: liepa@umich.edu

SECTION III - EQUIPMENT AUTHORIZATION SUMMARY

1. Confidentiality Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. Defer Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)	NOT APPLICABLE	
3. Type of equipment authorization requested:	<input type="checkbox"/> Certification	
4.(a) Equipment Code and description: DSC: Security/Remote Control Transmitter	(b) Equipment will be operated under FCC Rule Part(s): 15.231(b)	
5. Application is for (Check one box only)		
<input checked="" type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change or modified of presently authorized equipment
Original FCC ID _____		Grant date _____

6. Equipment Specifications:

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and § 2.202)	(e) Microprocessor model number
315				

7. Is the equipment in this application:

a composite device subject to more than one type of equipment authorization? Yes No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? Yes No

8. (a) Additional type of equipment authorization

(b) The related application checked in item 7.(a) (Check one box only)

has been filed at the same time as this application under the FCC ID listed below

has been granted under
the FCC ID below

Is in the process of being filed under the FCC ID listed below

Is pending with the FCC
under the FCC ID listed
below

FCC ID

9.(a) **Name of test firm on file with the FCC, if different from applicant or contact person:**

(b) Mailing address,: Number, street, City, State/Country ZIP/Postal code	University of Michigan/EECS - Valdis V Liepa 1301 Beal Ave. Ann Arbor MI 48109	(c) Telephone No. (Area/Country/City code, No. and Ext.) 734 - 483 - 4211
		(d) FAX No. (Area/Country/City code, and No.) 734 - 647-2106

SECTION IV - Read each certification carefully before answering and signing this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT(U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

1. SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a "party" for these purposes.

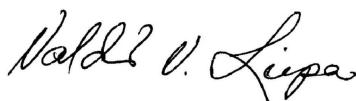
Does the applicant or authorized agent so certify? Yes No

2. APPLICANT/AGENT CERTIFICATION:

I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto, are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC's technical requirements.

Authorizing an agent to sign this application, is done solely at the applicant's discretion; however, the applicant remains responsible for all statements in this application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.



Date (Month, Day, Year) **4/23/2007 11:02:00 PM**

Dr. Valdis V. Liepa

Title of authorized signer **Research Scientist**

Complete items below if an agent signs the application,

(b) Mailing address: Number, street, City, State/Country ZIP/Postal code	University of Michigan/EECS - Valdis V Liepa 1301 Beal Ave. Ann Arbor MI 48109	(c) Telephone No. (Area/Country/City code, No. and Ext.) 734-483-4211
		(d) FAX No. (Area/Country/City code, and No.) 734-647-2106
(e) Internet e-mail address: liepa@umich.edu		

Attn: Director of Certification

Authority to Act as Agent

I appoint Valdis V. Liepa, University of Michigan 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 Industry 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 American TCB, still resides with (applicant name and address).

Dated this 30th day of August, 2004.

Agency Agreement Expiration Date: (Typically 8-12 months)

By:



(Signature)

Bruce Wrenbeck

(Print name)

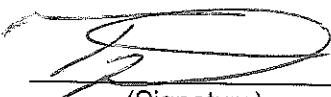
Title:

V.P., Body & Chassis

email:

bruce.wrenbeck@siemens.com

By:



(Signature)

Tejas Desai

(Print name)

Title:

Wireless Product Development Manager

email:

tejas.desai@siemens.com

On behalf of:

Siemens VDO Automotive Corporation
(Company Name)

Telephone:

+1 (248) 764-6721

American TCB
6731 Whittier Ave.
McLean, VA 22101

Acknowledgement of IC Listing Requirements

By signing this document, we acknowledge that any information specified on the ATCB **Application and Agreement Form for Industry Canada Certification Services** provided with this application may be provided to Industry Canada. We acknowledge that this information may be posted in the Radio Equipment List (REL) on the Department's Web Site. Additionally, we understand that we must inform ATCB of any changes to the information submitted.

We further acknowledge that the Certified product shall not be distributed, leased, or offered for sale in Canada prior to its listing on the Industry Canada Radio Equipment List (REL). We are aware that we may verify the status of this listing at the following web address:

http://strategis.ic.gc.ca/cgi-bin/sc_mrksv/spectrum/reltelSearch/search.pl?lang=e&db=rel

Dated this 30th day of August, 2004.

By:


(Signature)

Bruce Wrenbeck
(Print name)

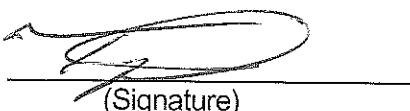
Title:

V.P., Body & Chassis

email:

bruce.wrenbeck@siemens.com

By:


(Signature)

Tejas Desai
(Print name)

Title:

Wireless Product Development Manager

email:

tejas.desai@siemens.com

On behalf of: Siemens VDO Automotive Corporation
(Company Name)

Telephone: +1 (248) 764-6721