

BQT Solutions (Australia) Pty Ltd.
Unit 29, 1 Talavera Road,
North Ryde, NSW2113, Australia

FCC Declaration of Conformity
Number: **CF302**
Version: **V03**
Date: 22-08-2011

We,

DoC

Company Name: **BQT Solutions (Australia) Pty Ltd.**

Address: **Unit 29, 1 Talavera Road, North Ryde, NSW2113, Australia**

Postal/Zip: **City: North Ryde, NSW2113 State/Province: Australia**

Contact Person: **Mr. Ms. Name: wzhang@bqtsolutions.com Function: Production Manager**

Email: **adam.bonislawski@coliant.com** Web: **wzhang@bqtsolutions.com** Phone: **wzhang@bqtsolutions.com** Fax:

declare for the equipment identified by:

Product Description **13.56MHz/125KHz Dual Frequency Contactless Smart Card Reader**

Type or Model(s) **BT950-DT**

Tradename or Brand(s) **BQT Solutions**

that:

This device complies with Part 15 of the FCC Rules.

Operation is subject to the following two conditions:

**(1) this device may not cause harmful interference, and
(2) this device must accept any interference received, including
interference that may cause undesired operation.**

(if the DoC test reports are available at this moment, please cross item a below)

a). The following test reports, issued by an FCC accredited Laboratory, are subject to this declaration:

Accredited Test Firm or Laboratory name:

Test Report Number:

Date of issue:

(if no DoC test report is available at this moment, then if you agree with the statement made in item b below, please cross item b below)

b). DoC testing is pending at this moment, but will execute and finish the required DoC testing in an FCC accredited Laboratory before marketing the device in the U.S. The following Accredited Test Firm will complete DoC testing:

Accredited Test Firm or Laboratory name:

Cerpass Technology Corp.

No.10, Lane 2, Lianfu Street, Luzhu District, Taoyuan City 33848, Taiwan(R.O.C.)

Attestation:

In addition to our declaration above, we also will ensure to label the equipment with the FCC logo, the name of the manufacturer and model number, as required by the [FCC rule part 15.19](#).

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
North Ryde, NSW2113 Australia	May 5, 2015	Wallace Zhang	Production Manager	