



We,

Company Name: **Z-Wave Europe GmbH**Address: **Antonstr. 3,**Postal/Zip: _____ City: **Hohenstein-Ernstthal** State/Province: _____ Country: **Germany**Contact Person: ☒ Mr. ☐ Ms. Name: **Elke Geisler** Function: **CEO**Email: **info@zwaveeurope.com** Web: _____ Phone: **+49 3723 8099050** Fax: **+49 3723 8099052**

declare for the equipment identified by:

Product Description **Z-Wave USB Interface**Type or Model(s) **ZMEUUB**Tradename or Brand(s) **N/A****This device complies with Part 15 of the FCC Rules.**that: **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.**

☒ 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:

PEP Certification Corp. APEC TEL TW1075**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](#).

Attestation:

City and Country:	Date:	Name: (this must be a person)	Function:	Signature: (or official company stamp)
Hohenstein-Ernstthal, Germany	2014-05-14	Elke Geisler	CEO	Z-Wave Europe GmbH Antonstr. 3 D- 09337 Hohenstein-Ernstthal http://www.zwaveeurope.com