

## Declaration of Authorization

We

Name: Circle Reliance, Inc.  
Address: 921 Rose Avenue, Menlo Park  
City: California  
Country: United States

Declare that:

Name Representative of agent: Willis Chen ..... (1)  
Agent Company name: SGS Taiwan Ltd. .....  
Address: No. 134, Wu Kung Rd., Wuku Industrial Zone  
City: New Taipei City  
Country: Taiwan

is authorized to apply for Certification of the following product(s):

Product description: RED AP – High Power 802.11n 2.4GHz Wireless Access Point  
Type designation: Cranberry Red CN-AP2040  
Trademark: Cranberry Networks

on our behalf.

Date: 2014/07/28

City: California

Name: V. Thadani

Function: VP of Product Development

Signature: 

*Notes:*

(1): Required for FCC application

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>TCB TELEFICATION    TCB TELEFICATION</b></p> <p>Edisonstr. 12a<br/>6902 PK Zevenaar<br/>The Netherlands<br/>Tel: +31 316 583180<br/>Fax: +31 316 583189<br/>Email: certification@telefication.com</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">APPLICATION FORM 731</p> <p style="text-align: center; font-weight: bold;">APPLICATION FOR EQUIPMENT AUTHORIZATION</p> | <p style="text-align: center; font-weight: bold;">FRN NUMBER of GRANTEE</p> <p style="text-align: center; font-size: 1.2em;">0023577398</p> <p>Who is communicating <u>directly</u> with the Telefication assessor for this filing?<br/>Name: <b>Julia Chang</b><br/>Email: <b>julia.chang@sgs.com</b></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*On some fields you can use F1 for explanations or see the Status Bar*

| <b>SECTION I – ALL ITEMS IN THIS SECTION MUST BE COMPLETED</b>                                                                                                                                   |                                                       |                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Grantee's complete, legal business name<br><b>Circle Reliance, Inc</b>                                                                                                                        |                                                       |                                                                                                                                        |  |
| 2. Grantee's mailing address<br><b>921 Rose Avenue, Menlo Park</b>                                                                                                                               |                                                       |                                                                                                                                        |  |
| City<br><b>California</b>                                                                                                                                                                        | State or Country (if foreign address)<br><b>U.S.A</b> | ZIP/Postal Code<br><b>94025</b>                                                                                                        |  |
| 3. FCC ID:<br><br>consisting of:                                                                                                                                                                 | (a) Grantee Code<br>(3-5 characters)<br><b>2ACBB</b>  | (b) Equipment Product Code (14 characters maximum, show zeros as Ø)<br><i>include dashes (-) where appropriate</i><br><b>CN-AP2040</b> |  |
| 4. Name, Title and Mail Stop, if any, of person at the grantee's address to receive grant, or for contact:<br>(See the Instructions document)<br><b>Vinay Thadani, VP of Product Development</b> |                                                       |                                                                                                                                        |  |
| 5. (a) Telephone No. (Area/Country/City code, No. and Ext.)<br><b>+1(650)763-6031</b>                                                                                                            |                                                       | (b) FAX No. (Area/Country/City code, No.)<br><b>+1(408)716-3238</b>                                                                    |  |
| (c) Email address: <b>vinay@cranberrynetworks.com</b>                                                                                                                                            |                                                       |                                                                                                                                        |  |

| <b>SECTION II – CONTACT INFORMATION</b>                                                                                                                                                                                                                                        |                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.(a) Technical contact:<br><br>Company Name, <b>SGS Taiwan Ltd.</b><br>Contact person, <b>Willis Chen</b><br>Number, street, <b>134, Wu Kung Road, Wuku Industrial</b><br>City, State/Country, <b>Zone, Wuku Area</b><br>ZIP/Postal Code <b>New Taipei City</b><br><b>248</b> | (b) Telephone No. (Area/Country/City code, No. and Ext.)<br><b>+886-2-22993279</b><br><hr/> (c) FAX No. (Area/Country/City code and No.)<br><b>+886-2-22982698</b> |
| (d) Internet e-mail address:                                                                                                                                                                                                                                                   |                                                                                                                                                                    |
| (e) Non-Technical contact:<br><br>Company Name,<br>Contact person,<br>Number, street<br>City, State/Country,<br>ZIP/Postal Code                                                                                                                                                | (f) Telephone No. (Area/Country/City code, No. and Ext.)<br><br><hr/> (g) FAX No. (Area/Country/City code and No.)                                                 |
| (h) Email address:                                                                                                                                                                                                                                                             |                                                                                                                                                                    |

| 1. a) Long-Term Confidentiality:<br>Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR §0.459 of the Commission's Rules? If "Yes" a letter shall be attached. <div style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|---------------------------------|----------------------------|------------------------------------|------------------------------------------|--------------------------------------------------------|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| b) Short-Term Confidentiality<br>Does short-term confidentiality apply to this application? <div style="text-align: right;">Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> If yes, specify the short-term confidentiality release date (MM/DD/YYYY format): _____ (if no date given the default will be 45 days from grant date; max time 180 days from grant date!). A letter shall be attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Modular Equipment: (You have to select the correct type!)<br>Modular Type: <input checked="" type="checkbox"/> Does not apply <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval<br><input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Limited Split Modular Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. Type of equipment authorization request (check <i>one</i> box only) <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Notification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. (a) Equipment Code: _____ and/or FCC part (see the Instructions, pages 4-8):<br><br><div style="text-align: center;">D T S                      15.247</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | (b) Equipment description to appear on FCC grant:<br><br><div style="text-align: center;">RED AP – High Power 802.11n 2.4GHz Wireless Access Point</div> |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Application is for: (Check one box only)<br><div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> 1. Original equipment<br/> (See the Instructions) </div> <div style="width: 35%;"> <input type="checkbox"/> 2. Change in identification of presently authorized equipment<br/> <div style="border-top: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>ORIGINAL FCC ID</span> <span>Grant date</span> </div> </div> <div style="width: 30%;"> <input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment<br/> (See the Instructions) </div> </div>                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. EQUIPMENT SPECIFICATIONS: (See the Instructions) <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;">(a) Frequency range in MHz</th> <th style="width: 20%;">(b) Rated RF power output in watts</th> <th style="width: 20%;">(c) Frequency tolerance in %, Hz, or ppm</th> <th style="width: 20%;">(d) Emission designator (See 47 CFR §2.201 and §2.202)</th> <th style="width: 20%;">(e) Microprocessor model number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                    |                                                                                                                                                          |                                                        |                                 | (a) Frequency range in MHz | (b) Rated RF power output in watts | (c) Frequency tolerance in %, Hz, or ppm | (d) Emission designator (See 47 CFR §2.201 and §2.202) | (e) Microprocessor model number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (a) Frequency range in MHz                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (b) Rated RF power output in watts | (c) Frequency tolerance in %, Hz, or ppm                                                                                                                 | (d) Emission designator (See 47 CFR §2.201 and §2.202) | (e) Microprocessor model number |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7. Is the equipment in this application:<br>(a) a composite device subject to more than one type of equipment authorization? <div style="text-align: right;"> <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No </div><br>(b) part of a system that operates with, or is marketed with, another device that requires equipment authorization? <div style="text-align: right;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No </div><br>(c) <b>If either of the above questions is answered "Yes" complete the following statement.</b><br>The related application: _____ has been granted _____ under the FCC ID(s) listed below:<br><br><div style="display: flex; justify-content: space-between;"> <span>FCC ID: 2ACBBCN-AP2040</span> <span>FCC ID: _____</span> <span>FCC ID: _____</span> <span>FCC ID: _____</span> </div>                                                                                                            |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. (a) Name of test firm on file with the FCC:<br><div style="text-align: center;">SGS Taiwan Ltd.</div><br><div style="display: flex;"> <div style="width: 55%;"> (b) Number, street, City, State, ZIP/Postal Code, Country<br/> 134, Wu Kung Road, Wuku Industrial Zone, Wuku Area<br/> New Taipei City<br/> 248<br/> Taiwan<br/> Contact person: Willis Chen<br/> Contact email: willis.chen@sgs.com </div> <div style="width: 40%; border-left: 1px solid black; padding-left: 10px; margin-left: 10px;"> (c) Telephone No. (Area/Country/City code, No. and Ext.)<br/> +886-2-22993279<br/><br/> (d) FAX No. (Area/Country/City code and No.)<br/> +886-2-22982698 </div> </div>                                                                                                                                                                                                                                                                                           |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9. Equipment Authorization Waiver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                                                                                                                                          |                                                        |                                 |                            |                                    |                                          |                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Is there an equipment authorization waiver associated with this application?  
Yes ☐ No ☒

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? Yes ☐ No ☐

10. Related OET KnowledgeDataBase (KDB) Inquiry

Is there a KDB inquiry associated with this application? Yes ☐ No ☐

If yes, enter the inquiry tracking number:

**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 grantee must certify that neither the grantee 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 this grantee or authorized agent so certify?

☒ Yes

☐ No

**2.(a) GRANTEE/AGENT CERTIFICATION:**

I certify that I am authorized to sign this application and declare that we have not requested for a Grant of the same equipment by another TCB or the FCC. 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 grantee 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. The grantee declares not to make false claims, use the certification appropriately and make appropriate declarations on the literature.

If the grantee 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 grantee's discretion; however, the grantee remains responsible for all statements in this application.

If an agent has signed this application on behalf of the grantee, 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 grantee. 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 grantee directly at any time.

**3 MARKET SURVEILLANCE**

The grantee is (made) aware and accepts that FCC rules require that production samples of the equipment to be certified must be made available for market surveillance purposes at all times. Non-compliance with the surveillance procedure (if requested to supply a product for that purpose) has to be reported to the FCC and may result in blocking of the grantee code or dismissal of the applicable grant.

**4 By signing this form at the bottom, the grantee hereby declares that he or she:**

- accepts this application as an order and will pay all associated costs in case no other order has been agreed;
- is familiar with the *General conditions Telefication* and the Certification/Assessment/Approval procedures.
- has completed this application form truthfully.

**τ Complete items below if an agent signs the application.**

(b) Agent's business name,

Number, street,

City, State/Country,

ZIP/Postal Code

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

(d) FAX No. (Area/Country/City code and No.)

(e) Email address:

**SIGNATURE:**

+

σ Original written signature of authorized signer

**July 28, 2014**

σ Date (Month, Day, Year)

|                                                                                                 |                                                                                                         |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <div>σ</div> <div><b>Vinay Thadani</b></div> <div>Typed/printed name of authorized signer</div> | <div><div>σ</div><div><b>VP of Product Development</b></div><div>Title of authorized signer</div></div> |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

## Circle Reliance

July 28, 2014

Certification and Engineering Bureau  
Industry Canada  
P.O. Box 11490, Station H  
3701 Carling Avenue (Building 94)  
Ottawa, Ontario  
K2H 8S2

Subject: IC RSS-Gen "Required Notices to Users" for IC: 11949A- CNAP2040

To Whom It May Concern,

According to IC new requirement, the general requirements regarding the notices to the user is intended to be carried out at the time the model is offered for sale in Canada. "Radio apparatus shall comply with the requirements to include required notices or statements to the user of equipment with each unit of equipment model offered for sale."

In cases (IC: 11949A- CNAP2040), we have not completed the requirement in section 5.3 at the time of equipment certification, so we provide a declaration as below:

The user of equipment will be in both English and French at the time each unit of equipment model is offered for sale and/or lease in Canada. And we will handle in accordance with that we will list the French warnings and the whole content of French in the user manual.

Sincerely,



Circle Reliance

V.P.Thadani

thadanivp@gmail.com

Name: Circle Reliance

Address: 921 Rose Avenue, Menlo Park, CA 94025, U.S.A.

To: Industry Canada

Subject: Request for confidentiality on Canada Certification Number: 11949A- CNAP2040

Reference number:

---

Dear Sir/Madam,

< Circle Reliance > hereby requests non-disclosure and confidential treatment of the following materials submitted in support of IC certification application for Certification Number: (11949A- CNAP2040)

- ☒ Bill(s) of Material
- ☒ Block Diagrams
- ☒ Operational Description
- ☒ Schematic Diagrams

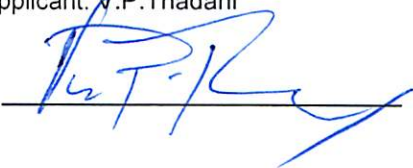
Other documents: \_\_\_\_\_

Above materials contain secrets, proprietary and technical information. Disclosure or publication or any portion of this company confidential material to other parties could cause substantial competitive harm and provide unjustified benefits for competitors.

Date: Jul 28, 2014

City: California

Name of applicant: V.P.Thadani

Signature: 

Company Name: **Circle Reliance, Inc.**  
Address: **921 Rose Avenue, Menlo Park,**  
City: **California**  
Country: **United States**

To: **Telefication B.V., Dept. FCC TCB**  
**Edisonstraat 12A**  
**6902 PK ZEVENAAR**  
**The Netherlands**

Subject: Request for confidentiality FCC ID: 2ACBBCN-AP2040

Reference number: #####

Dear FCC TCB,

### 1. Long-Term Confidentiality

Pursuant to 47 CFR Section 0.459(a) & (b), we hereby requests non-disclosure and confidential treatment of the following materials submitted in support of FCC certification application:

- ☒ Bill(s) of Material      ☒ Block Diagrams  
☒ Operational Description    ☒ Schematic Diagrams      ☐ Tune-up Procedure

Above materials contain secrets, proprietary and technical information, which would customarily be guarded from competitors under 47 CFR, section 0.457(d)(2). Disclosure or publication or any portion of this company confidential material to other parties could cause substantial competitive harm and provide unjustified benefits for competitors.

### 2. Short-Term Confidentiality (STC)

Pursuant to Public Notice DA 04-1705 of the Commission's policy, in order to comply with the marketing regulations in 47 CFR §2.803 and the importation rules in 47 CFR §2.1204, applicant hereby requests Short-Term Confidential treatment of the following materials (note 1):

- ☐ Internal Photos    ☐ User's Manual      ☐ Test Set-up Photos      ☐ External Photos

Justification: .....

Planned Release Date STC:      (notes 2, 3, 4, 5)

Date: 2014/07/28

Name and signature of applicant: V.P.Thadani

Notes:

- 1) A document or type of document can only have ONE type of confidentiality!
- 2) Short-Term confidentiality is in principle for 45 days from date of grant; it can be extended max 3 times (total time 180 days max.)!
- 3) FCC must be informed when marketing begins earlier.
- 4) Release takes place automatically thus extension must be requested in time. Telefication does not remind you of this!
- 5) Request for extension or for release must be received by Telefication at least 7 days before date of actual marketing or before expiration of the STC period

# CANADIAN REPRESENTATIVE LETTER OF ATTESTATION

## Canadian Representative

Contact Name:  
Company Name:  
Company number:  
Address:  
Telephone No.:  
Fax No:  
Email:

**TO: Industry Canada**

3701 Carling Ave., Bldg. 94,  
Ottawa, ON, K2H 8S2

**ATTENTION: Certification and Engineering Bureau**

This letter is to confirm that we have accepted the responsibility to act as Canadian Representative on behalf of the **Applicant** noted below. As Canadian Representative, we are aware of the requirements involved as outlined in **Industry Canada** applicable documents (RSP-100, Section 3.4 and/or DC-01, Section 7.2).

## Applicant

Company name: Circle Reliance, Inc  
Company number: 11949A  
Contact Name: V.P.Thadani  
Address: 921 Rose Avenue, Menlo Park, CA 94025, U.S.A.  
Telephone No: 6503957350  
Fax No: 6502391095  
Email: thadanivp@gmail.com

Certification / Registration Number: 11949A- CNAP2040

Model Number: Cranberry Red CN-AP2040

**Signature:**



**Date:** Jul 28, 2014

**Signed by Canada local agent (printed name):**

# Industry Canada Cover Letter

(Radio Equipment)

To: Industry Canada Certification Body

We, (applicant's company name):

Circle Reliance

herewith apply for approval for the following product(s):

|                      | Device 1:                                                   | Device 2 (variants, if applicable): |
|----------------------|-------------------------------------------------------------|-------------------------------------|
| Product description: | RED AP – High Power 802.11n<br>2.4GHz Wireless Access Point |                                     |
| Brand:               | Cranberry Networks                                          |                                     |
| Model number:        | Cranberry Red CN-AP2040                                     |                                     |
|                      |                                                             |                                     |
|                      |                                                             |                                     |

This application represents (please tick applicable fields in each table):

The product involved concerns:

- ☐ Single frequency band, low power device
- ☒ Complex, low power device  
(using more than one frequency band)
- ☐ Field strength evaluated device
- ☒ RF exposure evaluation by SAR testing
- ☐ RF exposure evaluation by MPE calculation

The certification type is:

- ☐ Class II change (re-assessment)
- ☒ New single model certification
- ☐ New Family certification
- ☐ Family to previously certified model
- ☐ Multiple listing
- ☐ Transfer of certification

Short description of Class II change:

This application contains the following mandatory exhibits:

- Cover letter (RF\_721, this page)
- RSP-100 application form appendix A (RF\_722) and appendix B (RF\_723)
- Continuous compliance declaration (RF\_724) and RF exposure declaration (RF\_725)
- Letter from Canadian representative (RF\_718)
- Power of Attorney (RF\_726, only provided if an authorized representative is performing this application and/or signing these application forms with given authority from the applicant)
- Internal photographs, External photographs, Product label showing the IC id, Users manual
- Circuit & Block diagrams
- Test report(s)
- SAR test report or MPE calculation report

|                                                                                                                         |        |  |
|-------------------------------------------------------------------------------------------------------------------------|--------|--|
| The following person is in charge of communicating<br><i>directly</i> with the Telefication assessor about this filing: | Name:  |  |
|                                                                                                                         | Email: |  |

Name and surname of applicant (or authorized person): V P Thadani

Date: Jul 28, 2014

Phone / Fax : 6503957350 / 6502391095

E-mail: thadanivp@gmail.com

Signature:

