

DoC

We,

Company Name: NUVOLARIA SRLAddress: Via Enrico Toti 786100 Campobasso CB ItalyPostal/Zip: _____ City: CAMPOBASSO State/Province: _____ Country: ItalyContact Person: ☒ Mr. ☐ Ms. Name: VITO MINCHILLI Function: ManagerEmail: info@nuvolaria.com Web: _____ Phone: +39.3283258767 Fax: _____

declare for the equipment identified by:

Product Description 7.85" Tablet PC FIXO F1Type or Model(s) F1,F2,F3,F4GI-708,GI-738,GI-727,GI-625,GI-528,GI-1273,GI-838Tradename or Brand(s) FIXO

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:

Testing Laboratory name: _____ City and Country: _____ Lab accreditation Number: _____ 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, City and Country:

Compliance Certification Services Inc.No.8, Jiucengling, Xinhua Dist., Tainan City 712, 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)
CAMPOBASSO, Italy	2016-12-15	VITO MINCHILLI	Manager	MINCHILLI