

Authority to Act as Agent

Date: December 15, 2014

To Whom It May Concern:

I appoint TUV Rheinland 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 the FCC or Industry Canada's regulations will have affixed to it a label identical to that submitted for approval with this application.

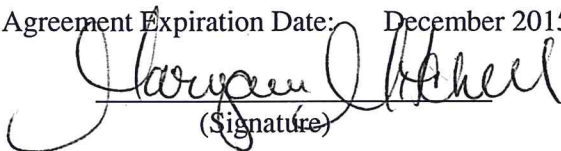
For instances where our authorized agent signs the application for certification on our behalf, I acknowledge that all responsibility for complying with the terms and conditions for Certification, as specified by TUV Rheinland Group, still resides with Varian Medical Systems, located at 1678 Pioneer Road, Salt Lake City, Utah 84104.

For TCB applications, We certify that we are not subject to denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862. Further, no party, as defined in 47 CFR 1.2002 (b), to the application is subject to denial of federal benefits, that includes FCC benefits.

Thank you,

Agency Agreement Expiration Date: December 2015

By:


(Signature)

____Maryann Mitchell____

(Print name)

Title: _____Regulatory Affairs Manager_____ Telephone: _____801-978-5759_____

On behalf of: Varian Medical Systems

