

(Amphenol Airwave(Haiyan) Communication Electronics Co.,Ltd) EU DECLARATION OF CONFORMITY (DoC)

We,

Company Name: Amphenol Airwave(Haiyan) Communication Electronics Co.,Ltd Postal address: No.158 zhonggang Road, XiTang Industry Park, HaiYan, Zhejiang, China Post Code: 314300 Postcode: 314300 City: HaiYan, Zhejiang Telephone number: 13917372360 E-mail address: Johnny.zhang@amphenolmcp.com

Declare that the DoC is issued under our sole responsibility and belongs to the following product(s):

Product Type:	AM/FM/DAB Noise Amplifier	
Model Number(s):	T1HD/LD	
Trademark:	N/A	
Batch/Serial Number:		

Object of the declaration (identification of apparatus allowing traceability; it may include a color image of sufficient clarity where necessary for the identification of the apparatus):

AM/FM/DAB OEM PNs

- 86808919
- 86525992

Description of accessories and components, including software, which allow the radio equipment to operate as intended:

The object of the declaration described above is in conformity with the relevant Union harmonization legislation:

• Radio Equipment Directive (RED), 2014/53/EU

The following harmonized standards and technical specifications have been applied:

Safety Standards:

- EN IEC 62368-1:2020+A11:2020
- EN IEC 61322:2020 and EN 26479:2010

EMC Standards:

- EN 301 489-3 v2.3.2:2023-01
- EN 301 489-1 v2.2.3:2019-11
- EN 55032:2015+A11:2020
- EN 55035:2017+A11:2020

Radio Standards:

- EN 303 345-1 V1.1.1
- EN 303 345-2 V1.2.1
- EN 303 345-3 V1.1.1
- EN 303 345-4 V1.1.1

RED Notified Body:

The notified body UL Verification Services Inc, 0984, performed an assessment of Article 3.1a, Article 3.1b and Article 3.2 and issued the EU-Type Examination certificate _____.

The Notified Body assessment is in compliance with the essential requirements of the RED indicted below:

Signed for and on behalf of (company name).

Name:	Amphenol Airwave(Haiyan) Communication Electronics Co.,Ltd
Address:	No.158 zhonggang Road,XiTang Industry Park,HaiYan,Zhejiang

HaiYan Zhejiang

02/13/2023

Place of Issue

Date of Issue

Signature of Authorized Person