

775 Montague Expressway Milpitas, CA 95035 Tel: 408-526-1188 Fax: 408-526-1088 Email: TCB@siemic.com

## Authorization Letter from Original Applicant (For change of ID application)

| Reason for Amendment (current / obsolete) | Revision History |     |               |
|-------------------------------------------|------------------|-----|---------------|
|                                           | From             | То  | Approved Date |
| Initial Release (obsolete)                | 1.0              | 1.0 | Dec-02-2006   |
| Updated company template (current)        | 1.0              | 2.0 | Jan-31-2012   |
|                                           |                  |     |               |
|                                           |                  |     |               |
|                                           |                  |     |               |
|                                           |                  |     |               |

## ZhuHai FTZ Oplink Communications,Inc.

Date: 2015-06-30

Federal Communications Commission

## To Whom It May Concern:

The letter grants authorization for representative of <a href="MivaTek Limited">MivaTek Limited</a> to apply the FCC for a change in identification. This authorization applies to <a href="ZhuHai FTZ Oplink">ZhuHai FTZ Oplink</a> <a href="Communications,Inc.">Communications,Inc.</a>, FCC ID: <a href="ScassNH01">OS3SNH01</a>, granted on <a href="O7/29/2013">O7/29/2013</a>. The equipment is electrically identical. The only change being the label on the device. The original test results, technical information and relevant documents continue to be representative of and applicable to the changed equipment.

Should there be any question, please feel free to contact us.

Sincerely,

Client's signature

Client's name / title : Li ZhiLi/Compliance Manager

Contact address: #29, #30 Lianfeng Avenue, Free Trade Zone, Zhuhai City, Guangdong

Province, China 591030

Contact telephone: +86-756-8819682

## Company Letterhead (from the original IC ID Holder)

| Date:                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| To: Industry Canada   Industrie Canada<br>3701 Carling Avenue, 3701, avenue Carling<br>PO Box 11490, Station H, Ottawa ON K2H 8S2                                                                                      |
| To Whom It May Concern:                                                                                                                                                                                                |
| The letter grants authorization for representative of (new applicant) to apply the IC approved device for a multiple listing. This authorization applies to                                                            |
| Original Approved device IC cert number: Model:                                                                                                                                                                        |
| Multiple listing device: IC cert number: Model:                                                                                                                                                                        |
| This is to declare that the model to be multiple listing is identical in design and construction to the originally approved model. The original test results are applicable and representative of this changed device. |
| Should there be any question, please feel free to contact us.                                                                                                                                                          |
| Sincerely,                                                                                                                                                                                                             |
| Signature:                                                                                                                                                                                                             |
| Name:                                                                                                                                                                                                                  |
| Title:                                                                                                                                                                                                                 |
| Contact Information:                                                                                                                                                                                                   |
|                                                                                                                                                                                                                        |