

Dräger Safety AG & Co. KGaA, Revalstraße 1, 23560 Lübeck

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lutz.rueffert@draeger.com

To whom it may concern:

09. October 2015

We, the undersigned, hereby authorize Eurofins Product Service GmbH to act on our behalf in all matters relating to applications for equipment authorization FCC ID: X6O-XPLORE8500 including the signing of all documents related to these matters.

Any and all acts carried out by Eurofins Product Service GmbH on our behalf shall have the same effect as acts of our own.

We also hereby certify that no party to this application is subject to a denial of benefits, including FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 862.

Sincerely,

Dräger

Signature

Lutz Rüffert

Dipl.-Ing.

Dräger Safety AG & Co. KGaA

Revalstraße 1

23560 Lübeck, Germany

0 9. Okt. 2015

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Dräger Safety AG & Co. KGaA Revalstraße 1 23560 Lübeck, Deutschland Tel. +49 451 882-0 Fax +49 451 882-2080 info@draeger.com www.draeger.com UID-Nr. DE812128834 WEEE-Reg.-Nr. DE13636930 Bankverbindungen: Commerzbank AG, Lübeck IBAN DE29 2304 0022 0014 6803 00 BIC COBADEFF230 Deutsche Bank AG, Lübeck IBAN DE75 2307 0710 0030 2109 00 BIC DEUTDEHH222 Sitz der Gesellschaft: Lübeck Handelsregister: Amtsgericht Lübeck HRB 4097 HL Komplementär: Dräger Safety Verwaltungs AG Sitz der Gesellschaft: Lübeck Handelsregister: Amtsgericht Lübeck HRB 5036 HL Vorsitzender des Aufsichtsrats der Dräger Safety AG & Co. KGaA und Dräger Safety Verwaltungs AG: Professor Dr. Nikolaus Schweickart

Vorstand: Stefan Dräger (Vorsitzender) Thomas Engler Rainer Klug Gert-Hartwig Lescow Anton Schrofner



## **Product Service**

TCB A	PPLICATION FORM	/I 731	To be completed by E	Eurofins Product Servic	e GmbH	
	Rev3.0 2013-12-04 DE		Project Number:			
Project:	Model No.: Product Description					
Item 1.	Applicant's complete, legal business name: Draeger Safety AG & Co. KGaA Applicant's FCC Registration Number (FRN) <sup>1</sup> : X6O					
<sup>1</sup> Please n	ote: The FRN indicates the a	pproval holder displaye	d on the Equipment Aut	horization Grant.		
Item 2.	Address Line 1					
	Address Line 2: Reva	alstraße 1				
	P.O. Box		City: Lübecl			
	State , Zip/Postal Code: 23560 Country: Germany					
Item 3.	EPC (Equipment Product Code,					
	FCC ID Grantee Code	FCC ID Grantee Code: X60 max. 14 characters): -XPLORE8500				
Itam E						
<u>ltem 5.</u>	First Name: Lut		grant or for contact:	Lest News Dur		
	Title:	ivildate ii	Mail Stop:	Last Name: Rüffert		
	Phone: +49	0 (0)451 882 1623		+49 (0)451 882 71623	3	
1		.rueffert@draeger.com			2	
Item 6. Technical Contact <sup>2</sup> :						
item o.	Company Name:					
2	First Name:	Mido	lle Initials:	Last Name:		
	Address Line 1			East Hame.		
	Address Line 2:					
	P.O. Box		City:			
	State: Phone:	Zip/Pos	stal Code:	Country:		
	E-mail:		Fax:			
<u>Item 7.</u>	Non-Technical Contact <sup>2</sup>	:				
3 397	Company Name: First Name:	Midd	lle Initials:	Loof Names		
	Address Line 1	Wildu	ne minais.	Last Name:		
	Address Line 2:					
	P.O. Box		City:			
	State:	Zip/Pos	stal Code:	Country:		
	Phone: E-mail:		Fax:			
Item 8.	Confidentiality Request:  (a) 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 Rules?   ☐ No					
, i				mission Rules?	Yes 🗌 No	
	(b) Does short-term confic	lentiality apply to this a	pplication?		Yes 🛛 No	
	If yes, specify the shor	t-term confidentiality re	lease date:	MN	1/DD/YYYY	
Itom 40	Modulos Assessed		7 1			
<u>Item 10.</u>	Modular Approval:  Is this application for modular approval? If "Yes", please submit a cover letter addressing the modular approval requirements of DA 00-1407.  ☐ Yes ☑ No					
	Modular Type:			· .		
	7,5			Plea:	se chose:	
	Equipment Class:	to be completed by Eu	rofins certification dep	artment		
<u>Item 12.</u>	Description of product as i (Note: This text will appear be	t is marketed: slow the equipment class	on the grant):			
I4a 40						
<u>Item 13.</u>	Application Purpose::					
	☐ Change in identification of presently authorized equipment: Original FCC ID: Grant date (MM/DD/YYY):					
	☐ Class II permissive change or modification of presently authorized equipment					
				p	- adeibiliour	

Thank you for your cooperation!

<sup>&</sup>lt;sup>2</sup> Contact data for item 6 & 7 is optional.