

**To:**  
**Electronics Communications Office**  
41/43, Elizabetes street, Riga, LV-1010, LATVIA  
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E-mail: esd@esd.lv

**Notification of radiocommunication equipment in accordance with  
article 6.4 of the RTTE Directive 1999/5/EC**

(in accordance with paragraph 46.3 of the Law on Electronics Communications)

**1. Person submitting the notification**

Company name:			
Address: (Street, postal code, City, Country, etc.).			
Contact person:			
Telephone:			Fax:
E-mail:			Web address:

**2. Responsible person for placing the equipment on the market**  
(responsible for declaration of conformity and CE marking)

Company name:			
Address: (Street, postal code, City, Country, etc.).			
Contact person:			
Telephone:			Fax:
E-mail:			Web address:

**3. Manufacturer**

Company name:			
Address: (Street, postal code, City, Country, etc.).			
Contact person:			
Telephone:			Fax:
E-mail:			Web address:

**4. Equipment identification**

<b>Trade name:</b>	
<b>Type and/or model number:</b>	



<b>Maximal radiated power:</b> Radiated power or intensity of magnetic field from an antenna. Please specify what this power is relative to (i.e. erp, eirp)	
<b>Duty cycle</b> (if applicable): Relevant time (percentage) during which the transmitter is operational.	
<b>Maximal data rate:</b>	
<b>Duplex spacing</b> (if applicable):	
<b>Dynamic Frequency band Selection (DFS):</b> For radio LAN equipment operating in frequency band 5,470 GHz – 5,725 GHz which must provide DFS in range up to 255 MHz	<input type="checkbox"/> Yes <input type="checkbox"/> No Frequency range .....MHz
<b>Automatic Transmission Power Control (ATPC):</b> For radio LAN equipment operating in frequency band 5,470 GHz – 5,725 GHz which must provide ATCP in range up of 3 dB)	<input type="checkbox"/> Yes <input type="checkbox"/> No Range.....dB
<b>Additional information:</b>	

**7. Applied standards or other specifications or norms met:**

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**8. Conformity assessment procedure applied** (according to the R&TTE Directive 1999/5/EC)

<input type="checkbox"/> Annex III	<input type="checkbox"/> Annex IV	<input type="checkbox"/> Annex V
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**9. Notified body number** (if applicable):

<b>Name and identification number of notified body(ies) involved in the conformity assessment procedure</b>	
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Name.....

Signature.....

Date of notification.....

Attachment:

- 1. Declaration of Conformity                       (.....pages)
- 2. Technical description of equipment                       (.....pages)
- 3. ....                      .....