

Wir/We/Nous/Noi,

JTECH, an HME Company, 1400 Northbrook Parkway, Suite 320, Suwanee, GA 30024, United States

erklären in alleiniger Verantwortung, dass das Produkt
declare under our sole responsibility that the product
déclarons sous notre seule responsabilité que le produit
dichiariamo sotto la nostra esclusiva responsabilità che il prodotto

Model Number(s): LTKNEODP20 Marketing Name: NEO Desktop Transmitter

auf das sich diese Erklärung bezieht, mit den folgenden Normen übereinstimmt.
to which this declaration relates is in conformity with the following standards.
auquel se réfère cette déclaration est conforme aux normes.
al quale si riferisce la presente dichiarazione é conforme alle norme

EN 300 224-1 V1.3.1

Electromagnetic compatibility and Radio Spectrum Matters (ERM); On-site paging service; Part 1:
Technical and functional characteristics, including test methods

EN 300 224-2 V1.1.1

Electromagnetic compatibility and Radio Spectrum Matters (ERM); On-site paging service; Part 2:
Harmonized EN under article 3.2 of the R&TTE Directive

EN 301 489-1 V1.9.2

ElectroMagnetic Compatibility (EMC) standard for radio equipment and services.

EN 301 489-2 V1.3.1

ElectroMagnetic Compatibility (EMC) standard for radio equipment and services.

EN 60950-1:2006 + A11:2009 + A1:2010 + A12:2011 + A2:2013

Information technology equipment - Safety - Part 1: General requirements

gemäss den Bestimmungen folgender Richtlinien
following the provisions of Directives
conformément aux disposition des Directives
conformemente alle disposizioni e Direttive

2014/53/EU Radio Equipment Directive
2011/65/EU Restriction of the use of certain hazardous substances (RoHS)

(Ort und Datum der Ausstellung)
(Place and Date of issue)
(Lieu et date)
(Luogo e data)

(Name, Unterschrift und Funktion des Befugten)
(Name, signature and function of authorized person)
(Nom, signature et fonction du signataire autorisé)
(Nome, firma e funzione del firmatario)

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**Name: Salvatore Veni
Title: Vice President**

Date: 15 February 2019

Signature: _____

