

Shenzhen Wellturn Technology Co., Ltd

3/17/2025

--- Covered List Software Incapability¹ ---

| | |
|-----------------------------|--------------|
| Device (model name): | F900 Plus |
| Grantee: | 2ATOX |
| FCC ID: | 2ATOX-F900RX |

Device features:

| | | |
|---|------------------------------|--|
| Operating System (as applicable): | N/A | |
| Storage Capacity (hard drive or other permanent memory storage): | 128kB | |
| Is installation of third-party software possible? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Does the device have an internet connection? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Can the device connect to a PC? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |

Chipset/module information:

| | |
|--------------------------------------|-------------------------|
| Chipset / module part number: | Memory size (MB) |
| CMT2300A | 128kB |
| HCM1000-PA | N/A |
| | |

Minimum system requirements Kaspersky as of December 3, 2024

| | | | |
|----------------|-----------------|---------------------|--------------------------|
| Android | Memory: 120 MB | Disc space: unknown | Processor speed: unknown |
| MacOS | Memory: 2000 MB | Disc space: 2200 MB | Processor speed: unknown |
| Windows | Memory: 1000 MB | Disc space: 1000 MB | Processor speed: 1 GHz |
| Linux | Memory: 1000 MB | Disc space: 1000 MB | Processor speed: 1 GHz |

Based on the review of the above factsheet(s) and device features, the device

- ☒ cannot support installation of any cybersecurity or anti-virus software on the covered list.
☐ potentially can operate with any cybersecurity or anti-virus software on the covered list – additional 3rd party proof is provided to demonstrate compliance with requirements as of 2.911(d)5(i),(ii) – page 2 of this document applies.

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|-------------------|-----------------|
| Signature: | <i>Dita Guo</i> |
|-------------------|-----------------|

¹

List of minimum requirements to implement covered list software – if the EUT does not have capability to install Kaspersky under the given configuration. Page 2 must also be handed in.

Note: If the device is capable of running Kaspersky software, at least one document must be provided from a third party showing that the Kaspersky software is not present on the device. This could include the results of a software scan, a screen capture of the device software register or other objective evidence that proves the Kaspersky software is not on the device. Please follow options listed on page 2.

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|------------------------|----------|
| Name: | Rita Guo |
| Title/Position: | Manager |

- Options to provide of compliance with covered list software requirements -

Please fill in as applicable and provide additional proof as requested:

| | | | | | | | |
|---|---|-------------------------------------|--------|--------------------------|--------|-------------------------------------|-----|
| 1 | Has the client signed an attestation stating the device is incapable of running the Kaspersky software (page 1)? * YES – no more proof needed – 2-5 do not apply > N/A ** NO – more proof must be provided (item 2-5 must be answered) | <input checked="" type="checkbox"/> | YES* | <input type="checkbox"/> | NO** | | |
| 2 | Did the test lab or other 3rd party other than the certification body and applicant provide a list of software installed on the device and is there no evidence of Kaspersky software being installed? ***YES – please: Insert File Name: Insert 3 rd Party Name: | <input type="checkbox"/> | YES*** | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | N/A |
| 3 | Have the results of a software scan been provided showing that Kaspersky software is not installed on the device? ***YES – please: Insert File Name: Insert 3 rd Party Name: | <input type="checkbox"/> | YES*** | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | N/A |
| 4 | Has any other objective evidence that Kaspersky software is not installed on the device been provided? ***YES – please: Insert File Name: Insert 3 rd Party Name: | <input type="checkbox"/> | YES*** | <input type="checkbox"/> | NO | <input checked="" type="checkbox"/> | N/A |
| 5 | Has at least one of the above items been shown as a YES? **** NO – applicant failed to provide sufficient proof – application filing is rejected. | <input checked="" type="checkbox"/> | YES | <input type="checkbox"/> | NO**** | | |

Note:

Files containing confidential operational details can be kept long-term confidential on applicant's request.