

[PLACE COMPANY LOGO HERE OR PUT ON COMPANY LETTERHEAD]

Certification Application Attestation Statements

Airspan Networks Inc.
777 Yamato Road
Suite 310 Boca Raton
FL 33431 USA

Subject: **FCC ID:** PIDAS1000A

To Whom It May Concern:

Statement for 47 CFR section 2.911(d)(5)(i)

Airspan Networks Inc. certifies that as of the date of the application the equipment for which authorization is sought is not “covered” equipment¹ prohibited from receiving an equipment authorization pursuant to section 2.903 of the FCC rules.

If the equipment for which the applicant seeks authorization is produced by any of the entities identified on the current Covered List, including affiliates or subsidiaries of the named companies, the applicant must include an explanation on why the equipment is not “covered” equipment.

Additional Explanation: <N/A>

Statement for 47 CFR section 2.911(d)(5)(ii)

Airspan Networks Inc. (“the applicant”) certifies that, as of the date of the filing of this application, the applicant

- is / - is not ⁽³⁾

identified on the Covered List as an entity producing “covered” equipment.

Date:	5/16/2023
City:	FL 33431
Name ⁽²⁾ :	Zion Levi
Function:	Compliances & Testing Engineer
Telephone number:	+972 (0) 544339242
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Signature:	

¹- The Commission’s [Covered List](https://www.fcc.gov/supplychain/coveredlist) is published by the Public Safety and Homeland Security Bureau and posted on the Commission’s website. This Covered List, which is periodically updated, identifies particular equipment, produced by particular entities, that constitutes “covered” equipment. <https://www.fcc.gov/supplychain/coveredlist> .

(2): For FCC it must be the Grantee Code “owner” or the authorized agent.

(3): double click on the appropriate box and select “checked” then “OK”

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Revision Record Sheet:

Revision	Section number	Page number	Date	Remark(s)	issued by
01			07-02-2023	1 st version	RvM
02		1	15-02-2023	Changed Applicant to Company and added "Subject: FCC ID: "	RvdM

Issued/modified by : Richard van de Meer
Function : Certification assessor
Revision : 02
Date : 15-02-2023

Verified by : Willem Jan Jong
Function : Team Lead
Date : __-02-2023

Released by : Axel Gase
Function : Manager Quality Assurance
Date of release: : __-02-2023