

Certification Application Attestation Statements

TP-Link Systems Inc. FRN: 0035788017 10 Mauchly, Irvine, CA 92618 92618 Irvine, United States

Subject: FCC ID: 2BH7FBE22

To Whom It May Concern:

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

TP-Link Systems 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)

TP-Link Systems Inc. ("the applicant") certifies that, as of the date of the filing of this application, the applicant \Box is $/ \Box$ is not ⁽³⁾

□ - is / ⊠- is not ⁽³⁾

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

Date:	16-01-2025		
City:	Irvine		
Name ⁽²⁾ :	Sarah Wang		
Function:	Product Compliance Manager		
Telephone number:	6263330234		
Email address:	certification@tp-link.com		
Signature:	Sarah Wang		

¹- The Commission's Covered List 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. <u>https://www.fcc.gov/supplychain/coveredlist</u>.

^{(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"



Revision Record Sheet:

Revision	Section	Page	Date	Remark(s)	issued
	number	number			by
01			07-02-2023	1 st version	RvM
02		1	15-02-2023	Changed Applicant to Company and added "Subject: FCC ID: "	RvdM
03		1	06-06-2024	FRN added at certification application and included [Insert Company Name Here] for the statements	RvdM

Issued/modified by	: Richard van de Meer
Function	: Certification assessor
Revision	: 03
Date	: 06-06-2024
Verified by	: Willem Jan Jong
Function	: Team Lead
Date	: 06-06-2024
Released by	: Axel Gase
Function	: Manager Quality Assurance
Date of release:	: 06-06-2024