

**Form Instructions**

Please complete each section as follows:

- **General Information**  
Please provide your full company name and primary business address.
- **Device Summary**  
Provide the basic device details and a technical description of the device. Please include one or more photographs of the device being submitted.
- **Contact Information**  
Please identify the individual contact's role as it relates to the certification of the device (i.e. Technical lead, product manager, device hardware specialist, device software specialist, etc.)
- **Required Documentation**  
Please identify all documents being provided with this form.
- **Devices Submitted for Certification**  
Provide specific ESN and serial numbers and other pertinent information to identify the specific devices being submitted for certification. Be sure and identify any additional items such as power supplies, cables, alternate antennas, etc.)
- **Device Testing Instructions**  
Please provide clear steps for generating each of the traffic types. If a traffic types is not supported (e.g. your device does not send MO SMS), mark that section as "Not Applicable"

Submit your device to Aeris for certification

- Email electronic copies of this and all required documentation to:  
[device-certification@aeris.net](mailto:device-certification@aeris.net)
- Ship the devices and hardcopy of this form and all required documentation to:

**Aeris Communications, Inc.**

Attn: Device Certification Services  
2350 Mission College Blvd , Suite 600  
Santa Clara, CA 95054-1574  
Phone: 1-888-462-3747



### General Information

Company Information	
Company Name:	
Address:	
City:	
State:	
Phone:	
Fax:	
Website:	

Application Status (to be completed by Aeris)	
Date submitted:	
Date accepted:	

### Device Summary

Market Name of the device:					
Radio Module (Make and Model):					
Static IP Required (Y/N):					
Capabilities (Y/N):	Voice		2G Data		3G Data
	SMS		LTE Data		GPS
Technical Description:					
Photograph:					



**Contact Information**

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		
Email:		
Phone:		
Cell:		

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		
Email:		
Phone:		
Cell:		

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		
Email:		
Phone:		
Cell:		

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		ZIP Code:
Email:		
Phone:		
Cell:		

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		ZIP Code:
Email:		
Phone:		
Cell:		

Contacts		
Name:		
Title:		
Role:		
Address:		
City:		
State:		ZIP Code:
Email:		
Phone:		
Cell:		



**Required Documentation**

<b>North America</b>	
FCC Certificates	Included (Y/N)
FCC CFR Title 47 Part 15 – Radio Frequency Devices	
FCC CFR Title 47 Part 22 – Public Mobile Services	
FCC CFR Title 47 Part 24 – Personal Communication Services	
FCC Specific Absorption Rate (SAR) Compliance	
<b>The following are required for Voice Enabled Devices only</b>	
FCC CFR Title 47 Part 22.921 – 911 Call Processing Procedures; 911-Only Calling Mode	
FCC 99-96 – FCC's Second Report and Order To Ensure Compatibility with Enhanced 911 Emergency Calling Systems	
FCC 00-257 – The Use of N11 Codes and Other Abbreviated Dialing Arrangements	
FCC 00-326 – FCC’s Fourth Memorandum Opinion and Order To Ensure Compatibility with 911 Emergency Calling Systems	
FCC 00-436 – FCC’s Fourth Report and Order To Ensure Compatibility with Enhanced 911 Emergency Calling Systems	
FCC 03-168 – Commission’s Rules Governing Hearing Aid-Compatible Telephones	
<b>GSM Devices Only</b>	
PTCRB certification	

Testing Results	Included (Y/N)
In-House testing results	
3 <sup>rd</sup> party Test Lab results	
Other testing documents. Please describe below:	

<b>Rest of World</b>		
Regulatory Body	Certification/Marking	Included (Y/N)



Aeris Communications  
Device Certification Form

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Other Documentation	Included (Y/N)
Antenna Specifications (including statistics such as Gain, Frequency, Connectors, etc.)	
Other testing related documents (e.g. test scripts, specific testing instructions)	
Please describe:	



**Devices Submitted for Certification**

Device #1	
IMEI/ESN/MEID:	
Device Make/Model:	
Device Manufacturer:	
Device Serial Number:	
Radio Module Manufacturer	
Radio Module Model:	
Radio Module Firmware Version:	
Radio Model Technology Support:	
Antenna Model:	

Device #2	
IMEI/ESN/MEID:	
Device Make/Model:	
Device Manufacturer:	
Device Serial Number:	
Radio Module Manufacturer	
Radio Module Model:	
Radio Module Firmware Version:	
Radio Module Firmware Version:	
Antenna Model:	

Additional Equipment	Included (Y/N)
Power charger	
Communication cables	
Monitor	
Adapter	
Additional antennas	
Proprietary cables. Please describe below:	
Other equipment. Please describe below:	



## Device Testing Instructions

### Installation and Setup Steps

### Send MO SMS

### Send MT SMS

### Send MO Packet Data (GPRS/1XRTT/HSPA/EVDO/LTE)

### Send MT Packet Data (GPRS/1XRTT/HSPA/EVDO/LTE)