



VERIFICATION OF COMPLIANCE

This Verification of Compliance is hereby issued to the below named company. The test results of this report relate only to the tested sample identified in this report.

Technical Standard: FCC Part 15 Class B (Doc)

General Information

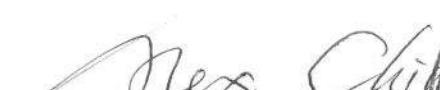
Applicant: Taiwan Security Net Co., Ltd.
No. 4-46, Feng Jen Rd, Kao Tarm Village, Jen Wu Hsiang, Kaohsiung
Hsian, Taiwan R.O.C

Product Description

EUT Description: PHOTOELECTRIC BEAM SENSOR
Model Number: 2PH-60DQ
Data Applies To: 2PH-30DQ

Laboratory Name: **Compliance Certification Services Inc. (Tainan Lab).**
No. 8, Jiu Ceng Ling, Jiaokeng Village, Sinhua
Township, Tainan Hsien 712, Taiwan R.O.C.
Tel: +886-6-5802201 / Fax: +886-6-5802202

This device has been shown to be in compliance with and was tested in accordance with the measurement procedures specified in the Standards & Specifications listed above and as indicated in the measurement report number: 51108407-D


Alex Chiu / Manager
Date: November 16, 2005





Declaration of Conformity Documentation

The following equipment:

***Type of Product** : **PHOTOELECTRIC BEAM SENSOR**
* **Model Number** : **2PH-60DQ**
* **Data Applies To** : **2PH-30DQ**
* **Report Number** : **51108407-D**

is herewith confirmed to comply with the requirements of FCC Part 15 Rules.
Operation is subject to the following two conditions:

- (1) This device may not cause harmful interference, and
- (2) This device must accept any interference received, including interference that may cause undesired operation.

The result of electromagnetic emission has been evaluated by **Compliance Certification Services Inc.** EMC laboratory (**NVLAP Lab. Code : 200627-0**) and showed in the test report.

It is understood that each unit marketed is identical to the device as tested, and any changes to the device which could adversely affect the emission characteristics will require retest.

The following importer / manufacturer is responsible for this declaration :

Company Name : _____

Company Address : _____

Telephone : _____ Facimile : _____

Name (Full name) : _____ Position : _____

Person is responsible for making this declaration :

Name (Full name)	Position / Title
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Legal Signature	Date
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