

Annex A1 – SAR and LPD Technical Brief Cover Sheet

The worst-case values of SAR, LPD (Local Power Density) shall be reported in the sections below.
Must report values or enter the following codes: N/A, N/P for Not Performed or N/V for Not Available.
Where applicable, check appropriate box.

Applicant/Product Information			
Company Number:		ISED Certification #:	
PMN:		HMN:	
HVIN:		FVIN:	
Applicant:			

LPD: Vicinity of Human Head Device		LPD Test Lab: _____	
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
LPD Value:	_____ W/cm ² <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		
LPD: Body Worn or Body Supported Device			
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
LPD Value:	_____ W/cm ² <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		
LPD: Limb-Worn Device			
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
LPD Value:	_____ W/cm ² <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		

SAR: Vicinity of Human Head Device		SAR Test Lab: _____	
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		
SAR: Body Worn or Body Supported Device			
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		
SAR: Limb-Worn Device			
Multiple Transmitter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duty Cycle:	_____ %
Exposure Limits Used:	<input type="checkbox"/> General Public Use <input type="checkbox"/> Controlled Use	Compliance Dist.:	_____ mm
SAR Value:	_____ W/kg <input type="checkbox"/> Measured <input type="checkbox"/> Calculated <input type="checkbox"/> Computed		

Declaration of RF Exposure Compliance
ATTESTATION: I attest that, Annex A1 and the Technical Brief information was prepared by me and is correct; that the device evaluation was performed or supervised by me; that applicable measurement and evaluation methodologies have been followed; and that the device meets the SAR and/or LPD limits of RSS-102.
Signature: _____
Date: _____
Name: _____
Title: _____

This form may be provided with the online application in lieu of Annex A & B in RSS-102.