

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 47 CFR PART 15 SUBPART B AND ANSI C63.4 (2003) IC ICES-003

General Information

Applicant:

MEAN WELL Enterprises Co., Ltd.

No.28, Wu-Chuan 3rd Road, Wu Ku Ind. park, New Taipei City,

Taiwan, 248

Manufacturer:

Danube Enterprise Co., Ltd.

A2, No.255, Fengren Rd., Renwu District Kaohsiung City 814,

Taiwan(R.O.C)

Product Description

EUT Description:

DC/DC LED Driver

Model Number:

LDD-L Series

Brand Name:

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: T110428401 -D

Jeter Wu / Assistant Manager

Tainan Lab.

Date: May 4

程智科技股份有限公司 Compliance Certification Services Inc.



Declaration of Conformity Documentation

The following equipment:

* Type of Product	: DC-DC CONV	ERTER	
* Model Number	: LDD-L Series		
* Brand Name	: MEAN WELL		
* Report Number	: T110428401		
Operation is subject to (1)This device may not (2)This device must accept that may cause und The result of electron Certification Services Ir in the test report. It is understood that eand any changes to characteristics will result of the control of the contro	the following two concause harmful intercept any interference esired operation. In agnetic emission inc. EMC laboratory each unit marketed the device which equire retest.	equirements of FCC Part 15 Runditions: ference, and e received, including interference has been evaluated by Com (TAF Lab. Code: 1109) and is identical to the device as could adversely affect the es	nce upliance showed tested,
Company Name :			
Company Address :			
Telephone :		Facimile:	
Name (Full name)		Position :	
Person is responsible fo	r making this declar	ration :	
Name (Full name)		Position / Title	
Legal Signature		Date	