

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: 2009 IC ICES-003: 2012

General Information

Applicant:

MEAN WELL Enterprises Co., Ltd.

No.28, Wuquan 3rd Rd., Wugu Dist., New Taipei City 24891, Taiwan

(R.O.C.)

Manufacturer:

Danube Enterprise Co., Ltd.

A2, No.255 Fengren Rd., Renwu Dist, Kaohsiung City 81452, Taiwan

(R.O.C)

Product Description

EUT Description:

DC/DC LED DRIVER

Model Number:

LDB-L Series

Brand Name:

MEAN WELL

Laboratory Name:

Compliance Certification Services Inc. (Tainan Lab.)

No.8, Jiucengling, Xinhua Dist., Tainan City 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: T141111N07-D

Jeter Wu / Assistant Manager

Tainan Lab.

Date: December 03, 2014





Declaration of Conformity Documentation

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* Type of Product	: DC/DC I	LED DRIVER
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* Model Number : LDB-L Series

* Brand Name

MEAN WELL

* Report Number : T141111N07-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 (TAF Lab. Code: 1109) 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 responsib	ole for making thi	s declaration :	
Name (Full name)		Position / Title	
Legal Signatu		Date	