

Application and Certificate for DMR Interoperability Laboratory Recognition

Laboratory Application:

Information submitted by applicant:

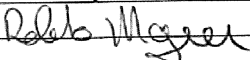
a) DMR Association Member Name:

Radio Activity S.r.l.

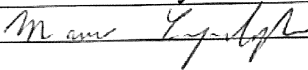
b) The legal name and full address of the Laboratory requesting certification:

Laboratory Name	Radio Activity S.r.l.
Address	Via De Notaris, 50 – 20128 Milan – Italy

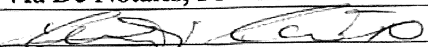
c) The Authorized Representative's name, signature and contact information:

Name	Roberto Marengon
Title	CEO
E-mail	hq@radioactivity-tlc.it
Phone	+390236514205
Address	Via De Notaris, 50 – 20128 Milano – Italy
Signature	

d) The names, titles and contact information for any laboratory staff nominated to serve as an Authorized Laboratory Test Signatory of test reports, in addition to the Authorized Representative:

Name	Mauro Campidoglio
Title	R&D Manager
E-mail	tech@radioactivity-tlc.it
Phone	+390236514205
Address	Via De Notaris, 50 – 20128 Milano – Italy
Signature	

Name	Roberto Roberti
Title	SW development responsible

E-mail	tech@radioactivity-tlc.it
Phone	+390236514205
Address	Via De Notaris, 50 – 20128 Milano – Italy
Signature	

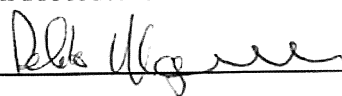
e) DMR Test Cases for which Laboratory is seeking recognition

IOP testing for DMR Tier 2 and Tier 3 Systems

f) Comments

Declaration:

By submitting this application, I commit the laboratory stated in b) above to fulfil the conditions for recognition listed in the current version of the DMR Association document **Interoperability Laboratory Recognition Process and Test Session Procedures**. I further declare that I have reviewed and have understood the DMR Laboratory Recognition Process and Test Session Procedures Document before submitting this application.

Signed:  _____

Laboratory's Authorized Representative

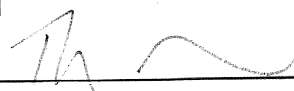
Date: February 14th, 2014

Laboratory Recognition Certificate:

On behalf of the DMR Association Technical Working Group I certify that I have reviewed the above application and verified that it contains the correct information to achieve certification for [insert lab name] as required in the DMR Association document **Interoperability Laboratory Recognition Process and Test Session Procedures**

I have assigned laboratory code 102 to Radio Activity S.r.l.

The recognition period is three years and this recognition is therefore valid to [insert date]

Signed:  _____

DMR Association Technical Working Group Lab Co-ordinator

Date: 21 February 2014