

ACB  
Attn.: Mrs. S. Holman  
Certification Department  
6731 Whittier Avenue, Suite C110  
McLean, Virginia 22101  
USA

Dear Mrs. Holman,

On behalf of our customer **UCB Medical Devices SA**, we hereby would like to apply for an Original certification for the following device:

FCC ID : 2AHK9-AVA  
Brand : UCB  
Model : ava  
Description : Part 15 Low Power Communication Device Transmitter

The following PDF files (exhibits) are electronically submitted:

1. Cover letter (this document)
2. Request or confidentiality
3. Authorization letter
4. Form 731
5. Antenna information
6. *Bill of material (BOM)- Not required-Not provided*
7. Block diagram
8. Circuit diagram
9. Interior photographs
10. Exterior photographs
11. Label information
12. Operational description
13. Test report
14. Test setup photographs
15. User/installation manual
16. RF Exposure

Best regards,  
TÜV Rheinland Nederland B.V.



R .van der Meer  
Test Engineer

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