


## Annex B – Test Report Cover Sheet

<b>Company Name:</b> <a href="#">Avaya Inc.</a>	<b>Manufacturer:</b> <a href="#">Avaya Inc.</a>								
<b>Type of service:</b> <input checked="" type="checkbox"/> Single <input type="checkbox"/> New Family <input type="checkbox"/> Multiple Listing <input type="checkbox"/> Previous <input type="checkbox"/> Reassessment <input type="checkbox"/> Other	<b><a href="#">Network Interface Code:</a></b> "" Handset with CS-03 Exempted Interface (HAC / ROLR) <b><a href="#">Equipment Category Number(s):</a></b> 42								
<b>Registration Number</b> <b>(IC: Declaring Party Company Number / Unique Product Number):</b> <a href="#">3794C-9641GS</a>									
<b>Model Number(s):</b> <a href="#">9641GS</a>	<b>Ringer Equivalence Number:</b> <a href="#">Not Applicable as an IP Phone</a>								
<b>Description of Equipment (if this is a component device, indicate the host equipment used for test):</b> <a href="#">IP Phone</a>									
<b>Applicable CS-03 Specifications or Standards:</b> <table><tr><td><input type="checkbox"/> Part I</td><td><input checked="" type="checkbox"/> Part V</td></tr><tr><td><input type="checkbox"/> Part II</td><td><input type="checkbox"/> Part VI</td></tr><tr><td><input type="checkbox"/> Part III</td><td><input type="checkbox"/> Part VII</td></tr><tr><td><input type="checkbox"/> Part IV</td><td><input type="checkbox"/> Part VIII</td></tr></table>		<input type="checkbox"/> Part I	<input checked="" type="checkbox"/> Part V	<input type="checkbox"/> Part II	<input type="checkbox"/> Part VI	<input type="checkbox"/> Part III	<input type="checkbox"/> Part VII	<input type="checkbox"/> Part IV	<input type="checkbox"/> Part VIII
<input type="checkbox"/> Part I	<input checked="" type="checkbox"/> Part V								
<input type="checkbox"/> Part II	<input type="checkbox"/> Part VI								
<input type="checkbox"/> Part III	<input type="checkbox"/> Part VII								
<input type="checkbox"/> Part IV	<input type="checkbox"/> Part VIII								
<p>ATTESTATION: I attest that the testing was performed or supervised by me; that the test measurements were made in accordance with the above-mentioned departmental standard(s) within the recognized scope of accreditation, and that the terminal equipment identified in this application has been subject to all applicable test conditions specified in the departmental standards and that all of the requirements of the standards have been met.</p> <p>Signature: </p> <p>Date: Jan 07 2015</p>									

**Name and Title (Please print or type):** Miguel De Araujo; **Title:** AQLT Lab Prime.

**Note:** This form must be completed and provided with the submission.