

Annex B – Test Report Cover Sheet

Company Name: Avaya Inc.	Manufacturer: Avaya Inc.		
Type of service: <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	Network Interface Code: ''' Handset with CS-03 Exempted Interface (HAC / ROLR) Equipment Category Number(s): 42		
Registration Number (IC: Declaring Party Company Number / Unique Product Number): 3794C-9641GS			
Model Number(s): 9641GS	Ringer Equivalence Number: Not Applicable as an IP Phone		
Description of Equipment (if this is a component device, indicate the host equipment used for test): IP Phone			
Applicable CS-03 Specifications or Standards: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; padding: 5px;"> <input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III <input type="checkbox"/> Part IV </td> <td style="width: 50%; padding: 5px;"> <input checked="" type="checkbox"/> Part V <input type="checkbox"/> Part VI <input type="checkbox"/> Part VII <input type="checkbox"/> Part VIII </td> </tr> </table>		<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III <input type="checkbox"/> Part IV	<input checked="" type="checkbox"/> Part V <input type="checkbox"/> Part VI <input type="checkbox"/> Part VII <input type="checkbox"/> Part VIII
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<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 style="text-align: center;"></p> <p>Signature: _____</p> <p>Date: Jan 07 2015</p>			
Name and Title (Please print or type): Miguel De Araujo; Title: AQTL Lab Prime.			

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