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.


General Information

Applicant: MEAN WELL Enterprises Co., Ltd.
No.28, Wu-Chuan 3rd Road, Wu Ku Ind. park, New Taipei City, Taiwan, 248

Manufacturer: Danube Enterprise Co., Ltd.
A2, No.255, Fengren Rd., Renwu District Kaohsiung City 814, Taiwan (R.O.C)

Product Description

EUT Description: DC/DC LED Driver

Model Number: LDD-L Series

Brand Name: MEAN WELL

Laboratory Name: Compliance Certification Services Inc. (Tainan Lab.)
No. 8, Jiu Ceng Ling, Jiaokeng Village, Sinhua Township, Tainan Hsien 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: TI10428401-D

Jeter Wu / Assistant Manager
Tainan Lab.
Date: May 4, 2014
Declaration of Conformity Documentation

The following equipment:

* Type of Product  : DC-DC CONVERTER
* Model Number    : LDD-L Series
* Brand Name      : MEAN WELL
* Report Number   : T110428401

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 responsible for making this declaration:

__________________________  __________________________
Name (Full name)              Position / Title

__________________________
Legal Signature              Date