

## **Project 25 Compliance Assessment Program**

### **Supplier's Declaration of Compliance Form Cover Sheet**

1. Department Name: Department of Homeland Security
2. Component/Agency Name: Science and Technology Directorate
3. OMB Control Number: 1640-New
4. Expiration Date: TBD (Three years from approval date)
5. Agency Form Number: DHS 10044
6. Name of Form: Supplier's Declaration of Compliance Form
7. Purpose of Form: Allows Equipment Suppliers to declare compliance with Project 25 compliance standards.
8. How to submit: The completed form may be submitted via facsimile, email, or mail to the OIC P25 CAP Program Manager.



# Project 25 Compliance Assessment Program

Department of Homeland Security, Science & Technology Directorate

OMB FORM #1040-XXX

Expires: xx/xx/xxxx

## SUPPLIER'S DECLARATION OF COMPLIANCE (SDoC)

**{Company Name}**  
 {Company Department}  
 {Street Address}, {City}, {State} {Zip}  
 Customer Contact: {name}  
 Phone: xxx-xxx-xxxx Fax: xxx-xxx-xxxx  
 E-mail: {e-mail address}  
 URL: <http://www.companyname.com>

Product Name: {Name of product}  
 Installed options: {List of options}

Other Devices Tested:

{Manufacturer}	<b>{Product Name, Definition, and Unique ID}</b>	<b>{Installed Options}</b>
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{Company Name} hereby declares that the above referenced product(s) pass the test cases listed in the following Project 25 Telecommunications Systems Bulletins in their entirety without exclusions:

TSB-102.YYYY, *Project 25 Compliance Assessment Program Definition of Compliance Assessment – Transceiver Performance; Conventional Mode Subscriber*

TSB-102.XXXX, *Project 25 Compliance Assessment Program Definition of Compliance Assessment – Transceiver Performance; Trunking Mode Subscriber*

The Summary Test Reports performed at P25 CAP Recognized Laboratory Code: XXX are identified as follows:

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information collection unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1640-XXXX and this form will expire on XX/XX/XXXX. The estimated average time to complete this form is 60 minutes per respondent. If you have any comments regarding the burden estimate you can write to Department of Homeland Security, Science and Technology Directorate, Washington, DC 20528.

Test Report Identification: 123456 issued on MMM DD, YYYY

Test Report Identification: 789101 issued on MMM DD, YYYY

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*Issue date*

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*Supplier's Authorized Representative Signature*

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*Supplier's Authorized Representative Printed Name*