Ms. Meredith Broadbent Assistant U.S. Trade Representative for Industry, Market Access, and Telecommunications Executive Office of the President Office of the United States Trade Representative 600 17th Street, NW Washington, D.C. 20508

February 26, 2007

Dear Ms. Broadbent:

On behalf of the Government of Japan, I am pleased to acknowledge receipt of your letter dated February 16, 2007 regarding the arrangement that the Government of the United States intends to implement concerning the acceptance of Declaration of Conformity (DoC) for Electro-Magnetic Compatibility (EMC) with respect to Unintentional Radiators and Industrial, Scientific and Medical (ISM) Equipment. I would like to express my gratitude that the United States Federal Communications Commission intends to accept, as expressed in your letter, such DoC based on testing performed by testing laboratories in Japan.

In this regard, I have enclosed a copy of the letter from the Voluntary Control Council for Interference by Information Technology Equipment (VCCI) communicating VCCI's intention to accept Registration of Product Conformity with respect to Information Technology (IT) Equipment by testing laboratories in the United States.

Sincerely yours,

摘井 裕

Yutaka Yokoi Minister Embassy of Japan

Voluntary Control Council for Interference by Information Technology Equipment

7F NOA Bldg, 2-3-5, Azabudai, Minato-ku, Tokyo, Japan, 106-0041 Tel:+81-3-5575-3138 Fax:+81-3-5575-3137 http://www.vcci.or.jp

February 22, 2007

/(C |

Mr. Makoto Sugiura, Director, Electromagnetic Environment Division, Radio Department, Telecommunications Bureau, Ministry of Internal Affairs and Communications

Mr. Hidehiro Yokoo, Director, Information and Communication Electronics Division, Commerce and Information Policy Bureau, Ministry of Economy, Trade and Industry

Mr. Juichi Nagano, Director, Mutual Recognition Policy Office, Industrial Science and Technology Policy and Environment Bureau, Ministry of Economy, Trade and Industry

Dear Mr. Sugiura, Mr. Yokoo and Mr. Nagano,

This letter is for the Voluntary Control Council for Interference by Information Technology Equipment (VCCI) to communicate its intention as declared below to the Government of Japan based on the letter from the Office of the United States Trade Representative dated February, 16, 2007 to the Government of Japan.

That is, VCCI will accept from U.S. suppliers (manufacturers and distributors) the Registration of Product Conformity, as defined in Article 9 of VCCI Rules for Voluntary Control Measure (VCCI Rules), for Information Technology (IT) Equipment as defined in Article 4 of the VCCI Rules based on testing performed by testing laboratories in the United States that are accredited to ISO/IEC Standard 17025 and relevant VCCI requirements by a U.S. accreditation body, provided the following requirements are met:

- 1. The U.S. suppliers are VCCI regular members;
- 2. The U.S. accreditation bodies meet the following qualifications:

2.1. They accredit testing laboratories to ISO/IEC Standard 17025 and relevant VCCI requirements; and

2.2. They are signatories of the Asia-Pacific Laboratory Accreditation Cooperation Mutual Recognition Arrangement or participate in an equivalent peer review;

7F NOA Bldg, 2-3-5, Azabudai, Minato-ku, Tokyo, Japan, 106-0041 Tel:+81-3-5575-3138 Fax:+81-3-5575-3137 http://www.vcci.or.jp

3. The testing laboratories in the United States are regular members or supporting members of VCCI and pay applicable membership fees; and

Note: Testing laboratories in the United States, that are VCCI members and that have been accredited by a U.S. accreditation body, are required to register with VCCI (sample form attached) but such registration will not incur fees.

4. The U.S. suppliers submit the results of conformity assessment procedures to VCCI in accordance with VCCI Rules for conformity verification reporting.

VCCI is willing to cooperate in establishing operational procedures and guides aligned with VCCI requirements for implementation of the arrangement set out in this letter with the U.S. accreditation bodies and suppliers and testing laboratories in the United States that are interested in taking part in this arrangement.

Sincerely,

VC

Hamysoln Nagasawan

Haruyoshi NAGASÁWA VCCI-Voluntary Control Council for Interference by Information Technology Equipment 7F NOA Bldg, 2-3-5 Azabudai, Minato·ku, Tokyo Japan 106·0041 TEL: +81·3·5575·3138 FAX: +81·3·5575·3137 E-MAIL: <u>nagasawa@vcci.or.ip</u> WEB: <u>http://www.vcci.or.jp</u> Attached sample form 1/3

(a) Name: Company name of VCCI member / [Member No.] Date of Acceptance / (b) Responsible Person for Registration of Measurement Facility (Certificate and other documents are sent to this person) Remarks Remarks Address: Zip code TEL: RAX: Name Signature (c) Contact Person for this Application Position/Title TEL: FAX: FAX: Name TEL: FAX: Name Signature IEL: FAX: Name (c) Contact Person for this Application Position/Title TEL: FAX: FAX: Name (c) Contact Person for this Application Position/Title TEL: FAX: (c) Name of Facility (d) Expires on (mm/dd/yy): / (b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): /		. 1, 2006)		VCCI use only
(Certificate and other documents are sent to this person) Address: Zip code Position/Title TEL: FAX: Name Signature (c) Contact Person for this Application Position/Title TEL: FAX: Name Signature (c) Contact Person for this Application Position/Title FAX: Name E-mail: Measurement Facility (a) Name of Facility (b) Name of Accreditation Body: (c) Accreditation No.: (c) Accreditation No.: R- (d) Expires on (mm/dd/yy): (f) Previous Registration No.: R- (g) Address of Facility: FAX: (h) Responsible Person for Measurement Position/Title]	Date of / / Acceptance / / Acceptance R-
Zip code Position/Title TEL: FAX: Name Signature (c) Contact Person for this Application Position/Title TEL: FAX: Name E-mail: Measurement Facility (a) Name of Facility E-mail: (b) Name of Accreditation Body: (d) Expires on (mm/dd/yy): / (c) Accreditation No.: (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility	(b)	Responsible Person for Registration of Measurement Facility (Certificate and other documents are sent to this person)		Remarks
Position/Title TEL: FAX: FAX: Name Signature (c) Contact Person for this Application Position/Title TEL: FAX: Name E-mail: Measurement Facility (a) Name of Facility E-mail: (b) Name of Accreditation Body: (d) Expires on (mm/dd/yy): / (c) Accreditation No.: (d) Expires on (mm/dd/yy): / (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility	Ad	ldress:		
(c) Contact Person for this Application TEL: Position/Title FAX: Name E-mail: Measurement Facility (a) Name of Facility (a) Name of Facility (b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): (g) Address of Facility: TEL: FAX: FAX:	Po	sition/Title TEL: FAX:		
Position/Title TEL: FAX: Name E-mail: Measurement Facility (a) Name of Facility (b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): / (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility (a) Name of Accreditation No.: R- (b) Facility: (c) Accreditation No.: R- (c) Expires on (mm/dd/yy): / (c) Address of Facility: TEL: FAX:				
Name E-mail: Measurement Facility (a) Name of Facility (a) Name of Facility (b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): / (c) Accreditation No.: (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility	(c)			
(a) Name of Facility (b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title		Name		
(b) Name of Accreditation Body: (c) Accreditation No.: (d) Expires on (mm/dd/yy): (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): (g) Address of Facility: TEL: FAX:				
(c) Accreditation No.: (d) Expires on (mm/dd/yy): / (e) Previous Registration No.: R- (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility:				
(c) Previous Registration No.: R- (f) Expires on (mm/dd/yy): / (g) Address of Facility: TEL: FAX: (h) Responsible Person for Measurement Position/Title Facility: Facility:	(b)	Name of Accreditation Body:		
 (g) Address of Facility: TEL: (g) Address of Facility: FAX: (h) Responsible Person for Measurement Position/Title 	(c)	Accreditation No.:		
 (g) Address of Facility: FAX: (h) Responsible Person for Measurement Position/Title 	(e)	Previous Registration No.: R-		(mm/dd/yy): / /
Position/Title	(g)	Address of Facility:		
Name E-mail:	(h)			
(i) Type of Measurement Facility (j) Measurement Distance □ OATS □ Semi-anechoic chamber □ 3m □10m	(i)		(will be	specified in the Certificate)
3. Would you like this facility listed in VCCI Journal and Web site? 🔲 YES 📋 No	. Wou	ld you like this facility listed in VCCI Journal and Web site?	U YES UN	lo
. Required Documents to Attach: (no need for now)				

Please fill in and print for submission.

(Note) It is unnecessary to fill in 2 (e) and (f) for New Registration.

Refer to Normative Annex 2-2 (V-11/2006.04 Outline how to fill Registration Documents of Measurement Facilities) and fill Form 202A Application for New/Renewal Registration of Measurement						
(Apr. 1, 2006)						
(Apr. 1, 2006) (for measuring conducted disturbance at mains ports in accordance with N Annex 2, Article 15)						
Applicant			VCCI use only			
(d) Name: Con	npany name of VCCI me	mber / [Member No.]	Date of / / Acceptance		
				Acceptance C-		
				No.		
(e) Responsibl (Certificate	e Person for Registration and other documents are	of Measurement Facili e sent to this person)	ity	Remarks		
Address:						
Zip code						
Position/Title		TEL:				
		FAX:				
Name		Signature				
(D. C. 1) + D.	C all's A miliantion					
• •	rson for this Application		TEL:			
Position/T	itle		FAX:			
Name			E-mail:			
Measurement Fa						
(k) Name of F	acility :					
(l) Name of A	ccreditation Body:					
(m) Accreditat	ion No.:		(n) Expires on			
(o) Previous P	egistration No.: C-		(p) Expires on	(mm/dd/yy): / /		
(q) Address of						
(<i>v</i>	-	¢	FAX:			
		e:				
(r) Responsib	le Person for Measureme	ent				
Position/I	ïtle					
Name			E-mail:			
(s) Type of M □ OATS	easurement Facility	ni-anechoic chamber	Shield room			
	this facility listed in VC		? 🗆 YES 🗖	No		
. Required Docu	ments to Attach: (no need	i for now)				