

Declaration of Conformance – ONVIF Client

This Declaration of Conformance is issued by the indicated Member which is solely responsible for declared conformance. Conformance is valid ONLY for the client identified when used in a manner consistent with the intent of the referenced documents.

Responsible member:

Member Name:	LINGODIGIT CO., LTD
Member Address:	1F., NO.20, ALY. 22, LN. 2, SEC. 1, DAFU RD., TANZI DIST., TAICHUNG CITY 42747, TAIWAN

Client Information:

Product Name:	ONVIF Device Tool
Brand:	
Model:	
Version:	16.05
Other Information:	
Product Type:	Video Management System
Client Features:	Security, EventHandling, System, VideoStreaming, MultipleVideoSources, MultipleAudioSources

The client identified above conforms to the following specifications:

Supported Profiles:	S
ONVIF Client Test Tool Version:	16.12 rev. 1307

Reference ONVIF Device used (Device 1):

Member name:	AXIS
Product name:	AXIS Q1604-Z Network Camera
Profile(s) Supported:	S
Product firmware version:	5.50.1

Reference ONVIF Device used (Device 2):

Member name:	BOSCH
Product name:	Dinion HD 1080p D/N
Profile(s) Supported:	S
Product firmware version:	54500550

Reference ONVIF Device used (Device 3):

Member name:	Panasonic
Product name:	WV-NP502
Profile(s) Supported:	S

Product firmware version:	1.81
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Test Execution Information:

Test Operator Name:	
Executing Organization Name:	
Executing Organization Address:	1F., NO.20, ALY. 22, LN. 2, SEC. 1, DAFU RD., TANZI DIST., TAICHUNG CITY 42747, TAIWAN

Technical Support Information:

Technical Support Website URL:	http://www.lingodigit.com/onvif_nvc.html
Technical Support E-mail:	
Technical Support Phone:	
Regional Support Contact Address:	
International Support Contact Address:	http://www.lingodigit.com/onvif_nvc.html

By signing this document the Member acknowledges that the client conforms to the requirements related to the mandatory and applicable conditional features as stated in the specification(s) of the claimed profile(s).

Signature of Authorized Representative:

Signature:	_____
Name:	_____
Title and department:	_____
Date:	_____

This Declaration of Conformance MUST be accompanied by the Feature List generated by the ONVIF Client Test Tool.