

K 052673

#65 Chyau-Shiaw St., Pei-Tun District. Taichung, Taiwan, R.O.C.

Tel: 04 2244 5815 Fax: 04 2244 0700

## "\_\_\_510(k) SUMMARY "

Submitter's Name: KING I Tech Corporation

No. 65, Chyau-Shiaw Street, Pei-Tun Area, Taichung City, 408, Taiwan

Date summary prepared:

September 22, 2005

Device Name:

Proprietary Name:

KING I Powered Scooter, CTL-11

Common or Usual Name:

Electrical Scooter

Classification Name:

Motor Three-Wheeled Vehicle, Class II,

21 CFR 890.3800

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

## Description of the device:

The KING I Powered Scooter, CTL-11 is an indoor / outdoor electric scooter that is battery operated. It has a base with four-wheeled with a seat, armrests, and a front basket. The movement of the scooter is controlled by the rider who uses hand controls located at the top of the steering column. The device can be disassembled for transport and is provided with an onboard battery charger.

## Performance Testing:

EMC Report ANSI / RESNA WC/Vol.2-1998, CISPR 11: 1990, EN61000-4-2: 1995, IEC61000-4-3: 1995 (Electrically powered wheelchairs, scooters, and their chargers – requirements and test methods)

Legally marketed device for substantial equivalence comparison:

WU'S 3-WHEELED NEO SCOOTER WT-T3D (K032488)



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Summary for substantial equivalence comparison:

The intended uses, weight limit, and back upholstery between the new device CTL-11 and the predicate device WT-T3D are all the same. Especially the electronic systems between two devices are the same suppliers and all passed by the UL certificated, for instance the electronic controller, batteries and recharge. Besides, the back upholstery is the same material, and also passed the resistance ignition test by SGS. Thus the same safety level for the two devices is assured.

The major difference existing for the predicate device is more agile and easy to fold for storage or transportation and the new device is for general use. The new device needs drive bigger turning radius. Besides, the overall dimension, the size of tires, and the weight are differences between the two devices. The overall appearance differences are not safety aspect. So the new device is substantially equivalent to the predicate devices in this aspect.





OCT 17 2005

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

King I Tech Corporation c/o Ke-Min Jen, Ph.D. ROC Chinese-European Industrial Research Society No. 58, Fu-Chiun Street Hsin-Chu City, Taiwan, ROC China

Re: K052673

Trade/Device Name: KING I POWERED SCOOTER CTL-11

Regulation Number: 21 CFR 890.3800

Regulation Name: Motorized three-wheeled vehicle

Regulatory Class: II Product Code: INI

Dated: September 22, 2005 Received: September 27, 2005

Dear Dr. Jen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <a href="http://www.fda.gov/cdrh/industry/support/index.html">http://www.fda.gov/cdrh/industry/support/index.html</a>

Sincerely yours,

**√** Mark N. Melkerson

Acting Director

Division of General, Restorative and Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure



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## **Indications for Use**

510 (K) Number ( If Known	): <u> </u>	2673	
Device Name: KING I, P		·	
Indications for Use:			
The device is intended for medica a sitting position.	al purposes to p	rovide mobility to persons	restricted to
Prescription Use	AND/OR	Over-The-Counter Us	e
(Part 21 CFR 801 Subpart D)		(21 CFR 807 Subpart C)	
(PLEASE DO NOT WRITE BEL	OW THIS LINI	E-CONTINUE ON ANOTH	IER PAGE
IF NEEDED)			
(Division Sign	Off)RH, Office	of Device Evaluation (ODI	E)
Division of Ger	neral, Restor	ative,	
and Neurologic		Page_	1_of _1
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