Declaration of Conformance – Device

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

Responsible member:

Member name:	Axis Communications AB
Member address:	Address: Emdalavägen 14, SE-223 69 Lund, Sweden

Device:

Product type:	Network Camera
Product name:	AXIS M2025-LE Network Camera
Product firmware version:	9.80.121
Profile S features:	PTZ: Yes Audio: NO I/O: NO
Profile G features:	Recording from local source (Video Input): Yes Recording from remote source (separate IP Device): NO Audio Recording and Replay: NO Reverse Replay: NO PTZ Position Search: NO
Profile T features:	Secure Streaming: Yes WebSocket Streaming: Yes Video Source Mode: Yes Video Streaming: H.264: Yes H.265: NO Audio Streaming: NO G.711: NO AAC: NO OPUS: NO Audio Output Streaming: NO G.711: NO AAC: NO OPUS: NO Analytics Service: Yes Motion Detection: Yes PTZ: Yes Generic Coordinate Spaces: Yes Spherical Coordinate Spaces: Yes Focus Control: NO Relay Outputs: NO Digital Inputs: NO Auxiliary Commands: Yes

The device identified above conforms to the following specifications:

Profile:	Profile S; Profile T; Profile G
Add-on:	
ONVIF Device Test Tool version:	25.06 rev. 93
Tool test result:	FAILED TEST CASES: 0

This Declaration of Conformance MUST be accompanied by the Test Report generated by the ONVIF Device Test Tool

Technical support contact information:

General international support mailing address:	http://www.axis.com/corporate/contact.htm
Regional support contact address:	none
Technical support website URL:	http://www.axis.com/techsup
Technical support email:	none
Technical support phone:	http://www.axis.com/corporate/contact.htm

By signing this document the Member acknowledges that the device 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:	Peter Rietz
Title and department:	Director, Product Management
Date:	October 24, 2025

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