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| For Ultratech Use Only |
| Job #: |  |
| Conf #: |  |
| Grant Note: |  |

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| **Ultratech****Group of Labs** | **TCB APPLICATION FORM 731**3000 Bristol Circle, Oakville, Ontario, Canada, L6H 6G4Tel.: (905) 829-1570Fax.: (905) 829-8050UTCB@ultratech-labs.com |

Rev 01/17

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| **Shaded areas are REQUIREDItem 1. Applicant’s complete, legal business name:** |
|       |
| **Applicant’s FCC Registration Number (FRN):**       |
| **Item 2. Applicant’s mailing address:** *fill in fields, as appropriate* |
| **Line 1:**       |
| **Line 2**:       |
| **City:**       | **State:**       | **Country:**       | **Zip/Postal Code:**       |
| **Item 3. Applicant Contact Person:** ***Must be the same as the FCC Grantee Contact listed in the FCC database. The Name in the FCC Database will be on the Certification.*** [***https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm***](https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm) |
| **First Name:**       | **Last Name:**       |
| **Title:**       | **Telephone:**       |
| **E-mail:**       | **Fax No.:**       |
| **Item 4. FCC ID** consisting of: | **Grantee Code:**      | **Equipment Product Code (14 characters maximum):**        *include “dashes” (-) where appropriate*  |
| **Item 5.**  | **Instead of applicant, FCC is authorized to mail original grant to:** |
| **Firm Name:**      | **Telephone:**      | **Ext:**       | **Fax: No.:**       |
| **First Name:**       | **Middle Initial:**   | **Last Name:**       |
| **Address Line 1:**       | **P.O. Box**:      |
| **Address Line 2:**       | **City:**       | **State:**       |
| **Country (if foreign address):**       | **Zip/Postal Code:**       |
| **E-mail:**       |
| **Item 6.** **Test Firm Used to Take Measurements:** |
| **Firm Name:**      | **Telephone:**       | **Ext.:**       | **Fax No.:**      |
| **First Name:**       | **Middle Initial:**   | **Last Name:**       |
| **Address Line 1:**       | **P.O. Box:**      |
| **Address Line 2:**       | **City:**       | **State:**       |
| **Country (if foreign address):**       | **Zip/Postal Code:**       |
| **E-mail:**       |
| **FCC Registered Test Site Number (***Required for Part 15 and 18 applications****)* or Designation # under MRA or within USA** |       |
| **Item 7.** \* Does this application include a request for **SHORT-TERM** confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004? | SHORT-TERM request:[ ]  Yes [x]  No[ ]  45 days [ ]  90 days [ ]  180 days |
| \* Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules? | PERMANENT request:[ ]  Yes [x]  No |
| **Request for Grant Deferral** | **Yes:** [ ]  | **No:** [x]  | **Date:**       |
| **Item 8. \***Is this application for modular approval? [ ]  Yes [x]  No  |
|  **Modular Type:** *(only complete if you answered Yes to Item 8)* [ ]  Single Modular Approval [ ]  Limited Single Modular Approval | [ ]  Split Modular Approval[ ]  Limited Split Modular Approval |
| **Item 9. \***Is this application for software defined radio authorization? [ ]  Yes [x]  No |
| **Item 10.** Equipment Class: *3-digits required*      (List available for download) | Enter a brief description of the product being marketed.      (Maximum 50 Characters) |

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| **Item 11. \*Application is for:**[x]  Original Equipment [ ]  Change in identification of presently authorized equipment:  Original FCC ID Grant Date (MM/DD/YYYY)             [ ]  Class II permissive change or modification of presently authorized equipment [ ]  Class III permissive change to software defined radio *Note: this may only be filed for applications pertaining to Software Defined Radio* |
| **Item 12. Is the equipment in this application:**\* **(a)** a composite device subject to an additional equipment authorization?\* **(b)** part of a system that operates with, or is marketed with, another device that requires an equipment authorization? ***If either of the above questions is answered “Yes” complete section 12 (c).*** |  [ ]  Yes [x]  No [ ]  Yes [x]  No |
|  **(c) The related application:**[ ]  has been granted under the FCC ID(s) listed to the right[ ]  is in the process of being filed under the FCC ID(s) listed to the right[ ]  is pending with the FCC under the FCC ID(s) listed to the right[ ]  has a mix of pending and granted statuses under the FCC ID(s) listed to the right | i.ii.iii.iv. | FCC ID:      FCC ID:      FCC ID:      FCC ID:       |
| **Item 13. \* Equipment will be operated under FCC Rule Part(s):** (Must match Test Report. Please specify Exact Rule Part)      |
| **Item 14. EQUIPMENT SPECIFICATIONS:** *Where applicable* |
| Frequency range in MHz**Low Freq High Freq** | Rated RF power output **IN WATTS** | Frequency tolerance | Emission Designator (See 47 CFR 2.201 and 2.202) | FCC Rule Part(only use for Multiple Rules) | Grant Notes(Example-CC, MO) |
| Value | %, Hz, ppm |
|       |       |       |       |        |       |       |       |
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| **Equipment Authorization Waiver \***Is there an equipment authorization waiver associated with this application?  [ ]  Yes [x]  NoIf there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? [ ]  Yes [x]  No |
| **(Continued on Next Page)** |

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| Read each certification carefully before answering and signing this application |
| WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503). |
| SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:The application must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of a “party” for these purposes.Does the applicant or authorization agent so certify?[ ]  Yes [x]  No |
| **Item 15. APPLICANT/AGENT CERTIFICATION:**I certify that I am authorized to sign this application. All of the statements herein and the exhibits attached hereto are true and correct to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the TCB, under the authority of the FCC, as a result of the representations made in this application, the applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeling pursuant to the applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer of the equipment, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comply with the FCC’s technical requirements.Authorizing an agent to sign this application is done solely at the applicant’s discretion; however, the applicant remains responsible for all statements in this application.If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable the agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time. |
| If different from Applicant’s contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf. |
| **\*Signature of Authorized Applicant:**     (Must be actual signature) |
| **\* Name & Title of Authorized Signature:**     (Typed) |
| **\*Company Name of Person Signing Application:**      |
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| **NOTE: An asterisk ‘\*’ preceding a field indicates it must be completed.** |