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| Document #: | MC_FCCGEN_TECH_LVL1 |
| Revision:   | 0.9.3               |
| Date:       | 9 June 2011         |

**Level I Technical Checklist for Certification of devices for the FCC**  
**FCC GENERAL REQUIREMENTS checklist,**  
**INTENTIONAL RADIATORS**

|               |             |
|---------------|-------------|
| FCC ID        | 2ABW6-BTS-S |
| MiCOM Cert ID |             |

| Parameter                      | Requirement:<br>Note: Document must be unlocked<br>to follow links provided in<br>this column.   | Meets the<br>Requirements           |                          |                          | Comments |
|--------------------------------|--|-------------------------------------|--------------------------|--------------------------|----------|
|                                |  | YES                                 | NO                       | NA                       |          |
| 731 Form (FCC) completed       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Section 1-2                    | <a href="https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm?calledFromFrame=N">https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm?calledFromFrame=N</a>  |                                     |                          |                          |          |
| Legal Business Name            | Must match FCC information on file.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| FRN Number                     | Must match FCC information on file. FRN number can also be verified at:<br><a href="https://fjallfoss.fcc.gov/coresWeb/simpleSearch.do;jsessionid=Nn1K51gFKQyMR4vK7jhCN9xpyPZGpvnhLst9T6Gm2pQlnphjk28G!-1277790077!616666834">https://fjallfoss.fcc.gov/coresWeb/simpleSearch.do;jsessionid=Nn1K51gFKQyMR4vK7jhCN9xpyPZGpvnhLst9T6Gm2pQlnphjk28G!-1277790077!616666834</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Address / City / Country / Zip | Must match FCC information on file.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Grantee Code                   | Must match FCC information on file.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Equipment Code                 | Proper Formatting  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

|   |   |                                     |                          |                                     |  |
|---|---|-------------------------------------|--------------------------|-------------------------------------|--|
| Contact Name  | Must match FCC information on file.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Section 3   |   |                                     |                          |                                     |  |
| Confidentiality Request   | See section below over confidentiality request.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| SDR   |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Modular Approval Requested  | See section below over modular approval.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Equipment Class   | <a href="https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm">https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm</a>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Application Type (original equipment / change in ID / permissive change)  |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Rules Parts Identified  | Correct rule part for device must be indicated.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Technical Details   |   |                                     |                          |                                     |  |
| Frequency Range   |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| RF Power  |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Frequency Tolerance   |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Emissions Designator  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Microprocessor Model  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | All chip sets types are specified in the circuit diagram |
| Equipment Application   |   |                                     |                          |                                     |  |
| Composite Device  |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Part of System which requires Equipment Authorization   |   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Test Firm: Accredited test firms may also perform testing for Certification under Parts 15 & 18 without being Registered (Listed) under Section 2.948 | <a href="https://fjallfoss.fcc.gov/oetcf/eas/reports/TestFirmSearch.cfm">https://fjallfoss.fcc.gov/oetcf/eas/reports/TestFirmSearch.cfm</a> |                                     |                          |                                     |  |
| Verify test firm contact  |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Verify test firm address  |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Verify test site number   |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |  |
| Authorization & Signatures  |   |                                     |                          |                                     |  |



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|--|--|-------------------------------------|--------------------------|--------------------------|--|
| SECTION 5301 (ANTI-DRUG ABUSE)<br>CERTIFICATION: |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Authorized Signature                             | Reference FCC KDB 852134<br>"Authorized Individual Policy<br>(Form 731)" | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

|   |  |                                     |                          |                          |  |
|---|--|-------------------------------------|--------------------------|--------------------------|--|
| Confidentiality Request                           |  |                                     |                          |                          |  |
| Confidentiality Request                           | Confidentiality request letter<br>provided. Referencing FCC Part<br>0.457 and 0.459? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Signed by appropriate company<br>representative?  |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Only Appropriate items marked as<br>confidential? | <a href="#">726920 D01 Exhibit Confidentiality Table<br/>v01</a>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

|                            |  |                                     |                          |                          |  |
|----------------------------|--|-------------------------------------|--------------------------|--------------------------|--|
| Agent Authorization        |  |                                     |                          |                          |  |
| Form on Company Letterhead |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Correct Company Name       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Correct Product Name       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Correct Model Number       |  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Authorization Signature    | Reference FCC KDB 852134<br>"Authorized Individual Policy<br>(Form 731)"<br>Signed by the person on file<br>with the FCC grantee code? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

|                                     |  |                          |                          |                                     |                                     |
|-------------------------------------|--|--------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Letter of Authorization (Non Agent) |  |                          |                          |                                     |                                     |
| Form on Company Letterhead          |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Correct Company Name                |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| Correct Product Name                |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |
| Correct Model Number                |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                     |



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|-------------------------|--|--------------------------|--------------------------|-------------------------------------|--|
| Authorization Signature | Reference FCC KDB 852134<br>"Authorized Individual Policy<br>(Form 731)"<br>Signed by the person on file<br>with the FCC grantee code? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
|-------------------------|--|--------------------------|--------------------------|-------------------------------------|--|

|  |  |                          |                          |                                     |  |
|--|--|--------------------------|--------------------------|-------------------------------------|--|
| Modular Approval   |  |                          |                          |                                     |  |
| In this a modular certification?                           |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Has a letter of compliance with<br>DA00-1407 been provided |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

|  |                                 |                          |                          |                                     |  |
|--|---------------------------------|--------------------------|--------------------------|-------------------------------------|--|
| FCC Permissive Change  |                                 |                          |                          |                                     |  |
| Is the change to the product allowed<br>under a permissive change? | Should it be a new application? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Letter provided that outlines the<br>changes?                      |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 731 form indicates a permissive<br>change?                         |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Copy of the original grant provided                                |                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

|   |   |                          |                          |                                     |  |
|---|---|--------------------------|--------------------------|-------------------------------------|--|
| Change in ID  |   |                          |                          |                                     |  |
| FCC 731 form provided and indicate<br>Change in ID            |   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| No change in design, circuitry or<br>construction is involved | need not be accompanied by a<br>resubmission of equipment or<br>measurement or test data<br>customarily required with a new<br>application, | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Authorization from Original Grant<br>holder                   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

|  |  |                          |                          |                                     |  |
|--|--|--------------------------|--------------------------|-------------------------------------|--|
| Product Label  | Label drawing provided showing the FCC ID on a single line in the right format. <grantee code><ID, 13 chars max> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Label Location   | Label placement drawing showing where the label will be placed on the device.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Statement provided including the original identification used on the equipment prior to the change in identification.  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Statement provided including the date of the original grant of the equipment authorization.  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Statement provided including the how the equipment bearing the modified identification differs from the original equipment.  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| Statement provided indicating whether the original test results continue to be representative of and applicable to the equipment bearing the changed identification.   |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| The photographs required by § 2.1033(b) (7) or § 2.1033(c) (12) showing the exterior appearance of the equipment, including the operating controls available to the user and the identification label.                     |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| If the change in the FCC Identifier also involves a change in design or circuitry which falls outside the purview of a permissive change described in § 2.1043, a complete application shall be filed pursuant to § 2.911. |  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

| Technical Construction File  |   |                                     |                          |                                     |                     |
|------------------------------|---|-------------------------------------|--------------------------|-------------------------------------|---------------------|
| Antenna Specifications       | Antenna requirements (15.203) for unique / non-detachable antenna been met?   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | see test report     |
| Bill of Materials            | Required if no component values are provided on Schematics.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                     |
| Block Diagram                | Block diagram of radio portion of the device.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Product Label                | Label drawing provided showing the FCC ID on a single line in the right format. <grantee code><ID, 13 chars max>              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Label Location               | Label placement drawing showing where the label will be placed on the device.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Maximum Permissible Exposure |   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | under KDB threshold |
| Operational Description      | Operations description of the product. Technical information matches information provided elsewhere in the application.       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| External Photographs         | External photographs show all external surfaces of the device   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Internal Photographs         | Internal photographs showing the inside of the device including photos with shields removed and both sides of circuit boards? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Test Setup Photographs       | Test photographs showing the test setups used to verify the performance of the device.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |
| Schematics                   | Schematics provided that show component values or include Bill of Materials / Parts List                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                     |



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|------------------------------------|---|-------------------------------------|--------------------------|--------------------------|--|
| User's Manual / Product Literature | User manual provided including, FCC Part 15 statement and "no modification" statement. Also any SAR or HAC statement if required. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Test Reports                       | Test reports indicate compliance with rule parts specified on 731 form.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |



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#### Reviewer Comments

|   |  |
|---|--|
| Upon completing the evaluation of the information provided in the application documents, the device was found to: | <input checked="" type="checkbox"/> Comply with all applicable requirements<br><input type="checkbox"/> Require additional information before compliance can be determined |
| The reviewers opinion to the Certified is:  | <input checked="" type="checkbox"/> Recommend the device for Certification<br><input type="checkbox"/> that the device is NOT recommended for certification                |
| Reviewed by   |  |
| Date  | 2014-03-04   |



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