



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: Note: Document must be unlocked to follow links provided in this column.	Meets the Requirements			Comments
		YES	NO	NA	
731 Form (FCC) completed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 1-2	https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm?calledFromFrame=N				
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: https://fjallfoss.fcc.gov/coresWeb/simpleSearch.do;jsessionid=Nn1K51gFKQyMR4vK7jhCN9xpyPZGpvnHst9T6Gm2pQlnphjk28G!-1277790077!616666834	<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"/>	



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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	https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm	<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	https://fjallfoss.fcc.gov/oetcf/eas/reports/TestFirmSearch.cfm				
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) CERTIFICATION:		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorized Signature	Reference FCC KDB 852134 "Authorized Individual Policy (Form 731) "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Agent Authorization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 "Authorized Individual Policy (Form 731) " Signed by the person on file with the FCC grantee code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Letter of Authorization (Non Agent)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Form on Company Letterhead		<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 "Authorized Individual Policy (Form 731)" Signed by the person on file with the FCC grantee code?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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Modular Approval					
In this a modular certification?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Has a letter of compliance with DA00-1407 been provided		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

FCC Permissive Change					
Is the change to the product allowed 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 changes?		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
731 form indicates a permissive 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 Change in ID		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
No change in design, circuitry or construction is involved	need not be accompanied by a resubmission of equipment or measurement or test data customarily required with a new application,	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Authorization from Original Grant holder		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	



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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"/>	



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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 <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 <input type="checkbox"/> that the device is NOT recommended for certification
Reviewed by	
Date	2014-03-04



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Document History

Revision		Date	Description of Change	Initial
From	To			
0.9.0	0.9.1	03.11.11	Updated formatting of comments so that characters are not all capitalized. Allows for copying and pasting comments directly into review comments letter. Added Document History.	CB
0.9.1	0.9.2	06.03.11	Updated to include Change of ID table	CB
0.9.2	0.9.3	06.09.2011	Updated to add reference to FCC KDB Reference FCC KDB 852134 "Authorized Individual Policy (Form 731)"	CB