EMCCert DR. RAŠEK GmbH

- Certification Institute -Stoernhofer Berg 15 91364 Unterleinleiter



Germany

FO013 - TCB Application Form 731

Notified Body EMC Directive 2014/30/EU
Notified Body Directive 2014/53/EU
RF CAB under the Japan-EC MRA
FCB under the Canada-EC MRA
TCB under the U\$-EC MRA

To be completed	by EMCCert DR. RAŠE	K GmbH						
Project No.								
Scope			Da	ite File	d			
Pre-Check								
TTE-OTICCK	Grant Note(s)							
Assessor								
Please fill in shaded								
Item 1. Applicant'	s complete, legal busi	ness name	e:					
*Applicant's FCC	Registration Number	(FRN): 0025	5932435					
	s mailing address:							
Line 1: Nikola Mush								
Line 2: 1330, Sofia	a, Bulgaria							
P.O. Box: N/A								
City: Sofia State: Country (if outside USA): Zip/Postal Code:								
N/A		Bulgaria	1330					
Item 3. FCC ID	*Grantee Code: 2AJXZ		ent Product	Code	(14 cha		rs maximum):	1
Item 4. Person at	the applicant's addres		e grant or fo	or con	tact:			
First Name: Val	Last Name: Mihailov							
Title: N/A			Telephone: +35929209780					
E-mail: acom@acon	n-bg.com		Fax No.: +35929209656					
Item 5. Test Firm:		Telephon						
EMCCert DR. RAS	Firm Name: EMCCert DR. RAŠEK GmbH		263-888	Ext:		Fax No.: +49 9194 7263-889		
First Name :	to a sub-ofe a Doug 45	Middle In	itial:		t Nam			
Address Line 1: Stoernhofer Berg 15 Address Line 2: 91364 Unterleinleiter, Germany			City: Untaria	P.O. Box : State:				
City: Unterienleiter Country (if outside USA): Germany Zip/Postal Code								
E-mail: emc.cert@en								
Item 6. FCC Regis	tered Test Site Number	er (require	d for Part 15	and 1				A GRADIE
Item 7. *Does this application include a request for confidentiality for					Permanent Confidentiality			
any portion(s) of the data contained in this application pursuant to 47 CFR 0.457 and 0.459 of the Commission Rules?				⊠ Y	es	☐ No		
* Does this application include a request for Short Term confidentiality for any portion(s) of the data contained in this application pursuant to DA 04-1705?					Short-Term Confidentiality ☐ Yes ☐ No			ity
If yes, please submit a confidentiality request letter indicating the exhibit(s) to be held confidential (or short-term confidential).				If yes, please specify the Short-Term Confidentiality in days (max. 180 days):				

Item 8. Is there a KDB inquiry associated with this application? ☐ Yes ☒ No If so, please enter the inquiry tracking number:								A.	
Item 9. *Is the	his application	n for modular appro	oval? Yes	⊠ No					
specify wh	If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407 specify which one:								
☐ Single M	☐ Single Modular Approval ☐ Limited Single Modular Approval ☐ Split Modular Approval ☐ Limited								
Modular Ap	Modular Approval								
Item 10. *Is this application for software defined radio authorization? ☐ Yes ☒ No									
Item 11. *Equipment Class: *Description of Product as it is marketed (50 characters maximum):									
AMP HF+6m Linear Amplifier									
Item 12. *Ap	pplication is Equipment	for:							
	in identification	on of presently auth			MM/DD	00000			
				Grant Date (I					
		nange or modification Thange to software of		authorized e	equipme	ent			
Note: thi	s may only b	e filed for application	ons pertaining	to Software L	Defined	Radio			
Item 13. Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? □ Yes ☑ No 									
* (b) part of	a system tha	at operates with, or i	is marketed wi	th, another d	evice				
		ent authorization?		in, another a		☐ Yes 区] No		
		uestions is answe	red with "Yes	" complete					
	section 13 (c). (c) The related application:								
has been	granted und	der the FCC ID liste		ta tha sislat		1 FCC ID			
is in the process of being filed under the FCC ID listed to the right is pending with the FCC under the FCC ID listed to the right									
has a mix	has a mix of pending and grated status under the FCC ID(s) listed								
* Equipmen	* Equipment will be operated under FCC Rule Part(s):								
Item 14. EQ	Item 14. EQUIPMENT SPECIFICATIONS: (only where applicable)								
(a) Frequency range in MHz (b) Rated RF power output								ocessor number	
		watts				and 2.202)			
1.8	54	1000	ppm, l N/A	N/A	N/A		dsPIC30F	6014A	
		Frank Carlo							
	Poad oach	cortification ocre	fully before a	neworing on	d signi	ng this applicat	ion		
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).									

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Item 15. Is there an	equipment auth	orizat <mark>ion waiver as</mark> sociate	d with this	s application?				
☐ Yes □	⊠ No							
Is there an equipme	Is there an equipment authorization waiver associated with this application, has the associated waiver							
been approved and	all information	uploaded?						
☐ Yes ⊠ No								
	Item 16. *SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:							
The applicant must co	ertify that neither	the applicant nor any party to	to the appl	lication is subj <mark>ect to a denial</mark> Anti-Drug Abuse Act of 1988	of 21			
U.S.C. §862 because	of a conviction f	or possession or distribution	of a contr	olled substance. See 47 CF	R			
§1.2002(b) for the de	finition of a "party	y" for these purposes.						
*Does this applicant or authorized agent so certify?								
Item 17. APPLICA	ANT/AGENT	CERTIFICATION AND	AGREE	MENT:				
I certify that I am auth	norized to sign th	is application. All of the state	ements her	rein and the exhibits attache	d			
		t of my knowledge and belie						
Authorization issued i	by the TCB, unde	er the authority of the FCC, a le for (1) labeling the equipm	as a result	of the representations made ne exact FCC ID specified in	in this			
				es, and (3) compliance of the				
				al manufacturer of the equip	ment,			
equipment will continu	ue to comply with	made with the manufacturer the FCC's technical require	to ensure ements	that production units of this				
		•						
Authorizing an agent remains responsible f			applicant's	discretion; however, the app	olicant			
Terriains responsible i	ior all statements	s in this application.						
If an agent has signed	d this application	on behalf of the applicant, a	written le	tter of authorization which in	cludes			
				Drug Abuse) Certification sta				
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.								
The Applicant agrees	to accept the EN	MCCert General Terms and	Conditions	and accepts responsibility f	or all			
The Applicant agrees to accept the EMCCert General Terms and Conditions and accepts responsibility for all EMCCert charges arising from this application.								
The Applicant acknowledges that any exhibit submitted in conjunction with this application and not listed in the confidentiality request letter as per Item 7 is publicly available on the FCC Web Site immediately after the								
application has been completed. It is understood that a separate cover letter exhibit must be submitted with the								
application requesting and justifying such confidentiality in conjunction with the Form 731.								
*Signature of Au	thorized App	licant: Val Mihailov		Date: 15.09.2017				
Title of Authorize	ed Signature:	Applicant		√ООД *				
Complete items below if an agent signs the application								
Firm Name:		Telephone:	Ext.:	Fax No.:	ВИФ			
First Name:		Middle Initial:	Last Na	ame: * RCOM	*//			
Address Line 1: P.O. Box:								
Address Line 2:								
City: S	tate:	Country (if outside USA): Zip/Postal Code:						
NOTE: An asterisk '*' preceding a field indicates it must be completed.								
NOTE: A	m asterisk "	preceding a field indi-	cates it i	must be completed.				