



Vista Laboratories

TCB Application Form 731

| For Vista Labs Use Only | |
|-------------------------|--|
| Received Date: | |
| Project Number: | |
| Note: | |

Item 1. Applicant's complete, legal business name:

Dongguan OSM Technologies Co., Ltd.

Applicant's FCC Registration Number (FRN): 0028058527

Item 2. Applicant's mailing address:

Line 1: 1F-6F, Building A, Longdi Industrial Park, No. 6, Tiansha Road, Keyuan City, Tangxia Town

Line 2:

| | | | |
|-----------------------|------------------------------------|-----------------------|--|
| City: Dongguan | State: <input type="text"/> | Country: China | Zip/Postal Code: <input type="text"/> |
|-----------------------|------------------------------------|-----------------------|--|

Item 3. Applicant Contact Person:

| | |
|---------------------------------|------------------------------------|
| First Name: Mei hua | Last Name: Xia |
| Title: CEO | Telephone: +86-769-38820219 |
| E-mail: xiamh@osmtech.cn | Fax No.: +86-769-38820219 |

Item 4. FCC ID **Grantee Code:** **Equipment Product Code (14 characters maximum):**
consisting of: -AB204YT

Item 5. Customer Info:

| | | | |
|---|--|--|---------------------------------------|
| Firm Name: <input type="text"/> | Telephone: <input type="text"/> | Ext: <input type="text"/> | Fax: No.: <input type="text"/> |
| First Name: <input type="text"/> | Middle Initial: <input type="text"/> | Last Name: <input type="text"/> | |
| Address Line 1: <input type="text"/> | | P.O. Box: <input type="text"/> | |
| Address Line 2: <input type="text"/> | City: <input type="text"/> | | State: <input type="text"/> |
| Country (if foreign address): <input type="text"/> | Zip/Postal Code: <input type="text"/> | | |
| E-mail: <input type="text"/> | | | |

Item 6. Test Firm Used to Take Measurements:

| | | | |
|---|--|---------------------------------------|--------------------------------------|
| Firm Name: <input type="text"/> | Telephone: <input type="text"/> | Ext.: <input type="text"/> | Fax No.: <input type="text"/> |
| Shenzhen Huaxia Testing Technology Co., Ltd | +86-755-26648640 | | +86-755-26648637 |
| First Name: Aaron | Middle Initial: <input type="text"/> | Last Name: Ma | |
| Address Line 1: 1F., Block A of Tongsheng Technology Building, Huahui Road, <input type="text"/> | | P.O. Box: <input type="text"/> | |
| Address Line 2: Dalang Street, Longhua District, <input type="text"/> | City: Shenzhen | | State: <input type="text"/> |
| Country (if foreign address): China | Zip/Postal Code: <input type="text"/> | | |
| E-mail: aaron.ma@cqa-cert.com | | | |

FCC Registered Test Site Number or Designation # under MRA or within USA 522263

Item 7.

- 1.) 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?
- 2.) 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's Rules?

SHORT-TERM request:
 Yes No

PERMANENT request:
 Yes No

Item 8. Is this application for modular approval? Yes No

If yes, please submit a cover letter addressing the modular approval requirements of 15.212.

Modular Type: (only complete if Item 8 is "Yes")

| | |
|--|---|
| <input type="checkbox"/> Single Modular Approval | <input type="checkbox"/> Split Modular Approval |
| <input type="checkbox"/> Limited Single Modular Approval | <input type="checkbox"/> Limited Split Modular Approval |

Item 9. *Is this application for software defined radio authorization? Yes No

Item 10. Equipment Class: Enter a brief description of the product being marketed.
DTS Phantom handle multi-function bracket



Item 11. *Application is for:

Original Equipment
 Change in identification of presently authorized equipment:
Original FCC ID Grant Date

- 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).

(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

(d) Does this applicant request to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)?

If yes, please specify date when grant may be issued:

(MM/DD/YYYY)

(MM/DD/YYYY)

Item 13. * Equipment will be operated under FCC Rule Part(s): 47 CFR Part 15, Subpart C

Item 14. EQUIPMENT SPECIFICATIONS: *Where applicable*

Equipment Authorization Waiver *

Is there an equipment authorization waiver associated with this application?

Yes No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?

Yes No

(Continued on Next Page)



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Web: www.vista-compliance.com
Email: info@vista-compliance.com

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 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: Mei hua Xia & CEO

*Company Name of Person Signing Application: Dongguan OSM Technologies Co., Ltd.

NOTE: An asterisk '*' preceding a field indicates it must be completed.