

APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

FCC ID	
FCC ID: (Grantee + Applicant Code)	2AUEY-X3
<input type="checkbox"/> Request for Grantee Code	

APPLICANT			
Company Name	SHENZHEN TIAN XING CHUANG ZHAN ELECTRONIC CO.,LTD.	Applicant's FRN	0028764587
Street	2/F, Block A, Fengrun Building, Gucheng Hangcheng Avenue, Xixiang, Baoan District		
City	Shenzhen	Contact Name	huang guo hui
State/Province		Job Title	Manager
Post Code		Email	635521829@qq.com
Country	China	Telephone	

AGENT			
Company Name	Shenzhen HUAK Testing Technology Co., Ltd.		
Street	1-2/F., Building B2, Junfeng Zhongcheng Zhizao Innovation Park, Heping, Fuhai Street, Bao'an District		
City	Shenzhen, Guangdong	Contact Name	Jason Zhou
State/Province		Job Title	CEO
Post Code		Email	jason@cer-mark.com
Country	China	Telephone	0755-23029901

TEST LAB			
Company Name	Shenzhen HUAK Testing Technology Co., Ltd.	Designation No	
Street	1-2/F., Building B2, Junfeng Zhongcheng Zhizao Innovation Park, Heping, Fuhai Street, Bao'an District		
City	Shenzhen, Guangdong	Contact Name	Jason Zhou
State/Province		Job Title	CEO
Post Code		Email	jason@cer-mark.com
Country	China	Telephone	0755-23029901

Product Identification and Specifications

Model Number	X3, X1, X2, etc.
Description of product as it is marketed <i>(note: this text will appear below the equipment class on the grant)</i>	Projector

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy) <u>03/05/2024</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for Software Defined Radio (SDR) authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is there a PBA associated with this Application? Please specify KDB number: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the applicant request a deferred Grant Date? (mm/dd/yyyy) _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is this a Modular or Limited Modular Certification?	Is there a waiver associated with this filing? <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Modular Type: <i>(if you answered Yes, check one of the following)</i> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Split Limited Modular Approval	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Waiver Number: _____ Waiver Date: _____

Application Type

<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____ Original Grant Date (MM/DD/YYYY): _____ <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>(Note: this may only be filed for applications pertaining to Software Defined Radio)</i>
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Is the equipment in this application?	
(a) a composite device subject to an additional equipment authorization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If either of the above questions is answered "Yes" please complete the following statement	
(c) The related application checked above (Check one box only)	
<input type="checkbox"/> has been granted under the FCC ID listed to the right <input checked="" type="checkbox"/> is in the process of being filed under the FCC ID listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right	FCC ID: <u>2AUEY-X3</u>

Equipment Specifications

Emission Information

Frequency Range in MHz		RF Power	Frequency tolerance	Emission Designator	FCC Equipment Code
From	To				
2412	2462	0.03508			DTS
5180	5240	0.02			NII
5745	5825	0.02075			NII

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. CODE, TITLE 47, SECTION 503).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The applicant 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 authorized agent so certify?

☒ Yes ☐ No

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 MiCOM Labs Certification 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 MiCOM Labs Certification or the FCC upon request, and that MiCOM Labs Certification or FCC reserves the right to contact the applicant directly at any time.

Signature	Jason Zhou (Digitally Signed using MiCMS)	Print Name	JASON ZHOU
Title	CEO	Date	04 September 2023
Company Name	Shenzhen HUAKE Testing Technology Co., Ltd. (Test Lab)		