



America

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**TCB FORM 731**

Section 1: Applicant Information															
Applicant's complete, legal business name: SiRun (Beijing) Technology Co., Ltd.		Applicant's FCC Registration Number (FRN): 0029551371													
Address Line 1: F16, Block A, Building 2, Address Line 2: No.2 Auto Museum East Road, Fengtai District, Beijing, China															
City: Beijing	State: Beijing	Country: China	Zip/Postal Code: 100070												
<b>Applicant Contact Name:</b> Lingrong Zhou (Must be the same as the FCC Grantee Contact listed in the FCC database. The name in the FCC Database will be listed on the Grant.) <a href="https://apps.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm">https://apps.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm</a>															
<b>Title:</b> Project Manager <b>Phone #:</b> +8615010875309 <b>Fax #:</b> +861068006280 <b>Email:</b> lingrong.zhou@sirun.net															
Section 2: FCC ID Information															
		Grantee Code: 2AWCT    Equipment Product Code (14 Characters Maximum): -SR10006													
<b>Section 3: Application Contact:</b>		<small>(If different from Section 1). The original Grant and Invoice as well as all questions regarding the application will be sent to this contact.</small>													
<b>Company Name:</b> <b>Contact Name:</b> <b>Title:</b> <b>Address Line 1:</b> <b>Address Line 2:</b> <table border="1"> <tr> <td>City:</td> <td>State:</td> <td>Country:</td> <td>Zip/Postal Code:</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone #:</td> <td>Fax #:</td> <td colspan="2">Email:</td> </tr> </table>				City:	State:	Country:	Zip/Postal Code:					Phone #:	Fax #:	Email:	
City:	State:	Country:	Zip/Postal Code:												
Phone #:	Fax #:	Email:													
<b>Section 4: Main Test Lab Used for Data Measurements:</b>		<small>(If different from Section 3)</small>													
<b>Company Name:</b> The State Radio_monitoring_center Testing Center (SRTC) <b>Contact Name:</b> Liu Jia <b>Email:</b> liujiaf@srtc.org.cn <b>Address Line 1:</b> 15th Building, No.30 Shixing Street, Shijingshan District, P.R.China <b>Address Line 2:</b>															
City: Beijing	State: Beijing	Country: China	Zip/Postal Code: 100041												
<b>FCC Registered Test Lab Number:</b> CN1267															
Section 5: Confidentiality Request:															
Does this application include a request for Short-Term confidentiality for any portion(s) of the data contained in this application pursuant to KDB 726920 D01?		<b>SHORT-TERM</b> request: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES specify release date (MM/DD/YYYY):													
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		<b>PERMANENT</b> request: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO													

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Rules?							
<b>Section 6: Grant Deferral</b> Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR § 0.457(d)(1)(ii)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO      If so, specify the requested grant deferral date (MM/DD/YYYY format):							
<b>Section 7:</b> Is this application for software defined radio authorization? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
<b>Section 8:</b> Is there a KDB inquiry associated with this application? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If so, enter the inquiry tracking number:							
<b>Section 9: Modular Approval Request:</b> Is this application for modular approval? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if YES complete below) <table border="1"><tr><td><b>Modular Type:</b></td><td><input type="checkbox"/> Single Modular Approval</td><td><input type="checkbox"/> Split Modular Approval</td></tr><tr><td></td><td><input type="checkbox"/> Limited Single Modular Approval</td><td><input type="checkbox"/> Limited Split Modular Approval</td></tr></table>		<b>Modular Type:</b>	<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
<b>Modular Type:</b>	<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					
If yes, please include a cover letter addressing the modular approval requirements of KDB 996369							
<b>Section 10: Description of Product as it is marketed:</b> (NOTE: This text will appear below the equipment classes on the grant) TBOX-SR10006 provides communication connection for TU and platform systems of most car models. It offers business functions of collecting real time data from real cars, GPS data acquisition, 4G communication function, OTA IF function, power management, and battery management etc. This document aims to describe TBOX function specification and only focuses on its communication function while working with other modules.							
<b>Section 11: Application Purpose</b>							
<b>Type of Application Requested:</b> (check one box only)							
<input checked="" type="checkbox"/> Original Equipment							
<input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID: _____      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 NOTE: This may only be filed for applications pertaining to Software Defined Radio.							
<b>Section 12: Is the equipment in this application:</b>							
(a) a composite device subject to more than one type of equipment authorization? <input type="checkbox"/> YES <input checked="" 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 (b) above is checked YES, answer (c) below, otherwise proceed to Section 13.							
<b>(c) The related application:</b>							
<input type="checkbox"/> has been granted under the FCC ID listed      i. FCC ID: _____							
<input type="checkbox"/> is in the process of being filed under the FCC ID listed      ii. FCC ID: _____							
<input type="checkbox"/> is pending with the FCC under the FCC ID listed      iii. FCC ID: _____							
<input type="checkbox"/> has a mix of pending and granted statuses under the FCC ID(s) listed below      iv. FCC ID: _____							

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**Section 13: Equipment Specifications: where applicable**

Radio Type [e.g. LTE, WiFi, BTLE]	Frequency Range [MHz]		Rated RF Output Power in Watts [W]	Frequency Tolerance [% , Hz, ppm] (please list units used)	Emission Designator (see 47 CFR 2.201 & 2.202)	FCC Rule Part [e.g. 15C]	Equipment Class (3 characters max) [e.g. DTS]
	Low Frequency	High Frequency					
CDMA	824.7MHz	848.31MHz	0.288	0.1ppm	1M27F9W	22H	B5 CDMA
LTE B5	824.7MHz	848.3 MHz	0.196	0.1ppm	1M08G7D	22H	B5 LTE
LTE B5	824.7 MHz	848.3 MHz	0.141	0.1ppm	1M08D7W	22H	B5 LTE
LTE B5	824.7 MHz	848.3 MHz	0.149	0.1ppm	1M08W7D	22H	B5 LTE
LTE B5	825.5 MHz	847.5 MHz	0.195	0.1ppm	2M70G7D	22H	B5 LTE
LTE B5	825.5 MHz	847.5 MHz	0.149	0.1ppm	2M70D7W	22H	B5 LTE
LTE B5	825.5 MHz	847.5 MHz	0.148	0.1ppm	2M70W7D	22H	B5 LTE
LTE B5	826.5 MHz	846.5 MHz	0.180	0.1ppm	4M48G7D	22H	B5 LTE
LTE B5	826.5 MHz	846.5 MHz	0.151	0.1ppm	4M48D7W	22H	B5 LTE
LTE B5	826.5 MHz	846.5 MHz	0.141	0.1ppm	4M49W7D	22H	B5 LTE
LTE B5	829 MHz	844 MHz	0.201	0.1ppm	8M91G7D	22H	B5 LTE
LTE B5	829 MHz	844 MHz	0.157	0.1ppm	8M94D7W	22H	B5 LTE
LTE B5	829 MHz	844 MHz	0.142	0.1ppm	8M92W7D	22H	B5 LTE
LTE B40	2307.5MHz	2357.5MHz	0.181	0.1ppm	4M49G7D	27	B40 LTE
LTE B40	2307.5MHz	2357.5MHz	0.137	0.1ppm	4M49D7W	27	B40 LTE
LTE B40	2307.5MHz	2357.5MHz	0.136	0.1ppm	4M49W7D	27	B40 LTE
LTE B40	2310MHz	2310MHz	0.143	0.1ppm	8M96G7D	27	B40 LTE
LTE B40	2310MHz	2310MHz	0.138	0.1ppm	8M95D7W	27	B40 LTE
LTE B40	2310MHz	2310MHz	0.130	0.1ppm	8M95W7D	27	B40 LTE
LTE B40	2355MHz	2355MHz	0.168	0.1ppm	8M94G7D	27	B40 LTE
LTE B40	2355MHz	2355MHz	0.150	0.1ppm	8M96D7W	27	B40 LTE
LTE B40	2355MHz	2355MHz	0.147	0.1ppm	8M96W7D	27	B40 LTE
LTE B41	2557.5MHz	2652.5MHz	0.147	0.1ppm	4M47G7D	27	B41 LTE
LTE B41	2557.5MHz	2652.5MHz	0.140	0.1ppm	4M48D7W	27	B41 LTE
LTE B41	2557.5MHz	2652.5MHz	0.139	0.1ppm	4M48W7D	27	B41 LTE
LTE B41	2560MHz	2560MHz	0.163	0.1ppm	8M94G7D	27	B41 LTE
LTE B41	2560MHz	2560MHz	0.127	0.1ppm	8M92D7W	27	B41 LTE
LTE B41	2560MHz	2560MHz	0.137	0.1ppm	8M93W7D	27	B41 LTE
LTE B41	2562.5MHz	2647.5MHz	0.172	0.1ppm	13M4G7D	27	B41 LTE
LTE B41	2562.5MHz	2647.5MHz	0.144	0.1ppm	13M4D7W	27	B41 LTE
LTE B41	2562.5MHz	2647.5MHz	0.119	0.1ppm	13M4W7D	27	B41 LTE
LTE B41	2565MHz	2645MHz	0.177	0.1ppm	17M9G7D	27	B41 LTE

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LTE B41	2565MHz	2645MHz	0.119	0.1ppm	17M8D7W	27	B41 LTE
LTE B41	2565MHz	2645MHz	0.140	0.1ppm	17M9W7D	27	B41 LTE

**Section 14: Equipment Authorization Waiver:**

Is there an equipment authorization waiver associated with this application?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**Section 15: 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 CONTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503).

**1. 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

**2. 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 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 productions 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 bt the applicant. It is understood that the letter of authorization must be submitted the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

FCC requires applicants keep **Production Samples** on hand for at least one year after last production date and make said samples available at any time to the FCC or TÜV SÜD CB for validation (surveillance) testing.

Type Signature of Authorized Applicant:

Name and Title of Authorized Signature: Angela Li



## Instructions for completing TUV SUD America's 731 Application Form

### Section 1:

Please complete this section with the Applicant's contact information. Applicant is usually the holder of the Grant to be issued. Applicant's FRN number will be compared to information in FCC database for verification. The contact name must be the same person listed as the contact with the FCC for the specific grantee code in section 2.

### Section 2:

Please enter the FCC ID of the device to be certified. This includes the 3-digit Grantee Code and the 14-digit Product Code. Product Code can be no longer than 14 characters and you may use the dash (-) symbol. Other non-alphanumeric characters are not allowed.

### Section 3:

Please include the contact information for the application contact. This is the person who submits the application. All questions, correspondence regarding the application will be directed to this person. If the same as the contact in section 1, please leave blank.

### Section 4:

Please include the name of the Test Lab, as well as a contact person at the lab, which completed the testing of the device. Please indicate the FCC registered site number of the lab.

### Section 5:

Please indicate if a request for confidentiality is requested. Also indicate whether request is for short term or long term confidentiality. A cover letter explaining why a request should be granted is required to be submitted.

### Section 7:

Please indicate if application is for authorization of a software defined radio.

### Section 9:

Please indicate if application is for a Modular Approval. If so, please indicate what type and include a cover letter addressing the modular approval requirements from 15.212.

### Section 10:

Provide a brief product description of the device as marketed.

### Section 11:

Please indicate the type of Authorization being sought.

### Section 12:

Please indicate if device is a composite device or part of a composite system. If 12b is "YES" please complete 12c.

### Section 13:

Please complete this section in its entirety. Please note all frequency is in MHz and all power is in Watts. If a rule part has only field strength compliance, leave power column blank. Also, please note, the 3-digit equipment class can be found on the FCC website, <https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm>.

### Section 15:

Please read, check appropriate box and affix signature and title of Applicant from Section 3.