

**TCB Application Form 731**

Item 1. Grantee's complete, legal business name: <i>List the Grantee company name as it is listed in FCC database.</i>		Shenzhen Kinghat Technology Co., Ltd.	
Grantee's FCC Registration Number (FRN):		0030160444	
Item 2. Grantee's Mailing Address (as it is listed in FCC database)			
Line 1: Building A, B, Mingjinhai Industrial Zone, Xixiang Street, Baoan District			
Line 2:		City: Shenzhen	
State/Province: Guangdong		Country: China	
Item 3. Grantee Contact Person <i>Must be the same as the FCC Grantee contact listed in the FCC database. The name listed in the FCC Database will be on the Grant. https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm</i>			
First Name: Jixue		Last Name: Lu	
Title: Engineer		Telephone: 15118142329	
E-mail: 444256495@qq.com		Fax No.: 0755-29190786	
Item 4. FCC ID	Grantee Code: 2AX4U	Equipment Product Code: -HH762 <i>14 characters maximum including hyphens.</i>	
Item 5. Timco's Customer <i>All correspondence regarding this application will be directed to this contact including, but not limited to requests for additional information, the Grant, and the invoice.</i>			
Customer Company Business Name: EMTEK (SHENZHEN) CO., LTD.		Telephone: +86 755 26504659	Ext: 856
Fax No.: +86-755-26954282			
Email Address: wangli@emtek.com.cn			
First Name (Given Name): Lisa		Last Name (Family Name): Wang	
Line 1: Bldg 69, Majialong Industry Zone,			
Line 2: Nanshan District		City: Shenzhen	
State/Province: Guangdong		Country: China	
Item 6. Test Firm Used to Take Measurements			
Test Lab Company Business Name: EMTEK (SHENZHEN) CO., LTD.		Telephone: +86 755 26504659	Ext.: 856
Fax No.: +86-755-26954282			
First Name (Given Name): Lisa		Last Name (Family Name): Wang	
Address Line 1: Bldg 69, Majialong Industry Zone,			
Address Line 2: Nanshan District		City: Shenzhen	
State/Province: Guangdong		Country: China	
Email Address: wangli@emtek.com.cn			
Item 7. Does this application include a request for PERMANENT confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules?		Permanent Confidentiality Requested: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<p>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 06/15/2004?</p>		<p>Short-term Confidentiality Requested:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, must indicate number of days below.</p> <p><input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days <input type="checkbox"/> Other:</p>																																																																																									
<p>Request for Grant Deferral: <input type="checkbox"/> Yes: <input type="checkbox"/> <input checked="" type="checkbox"/> No: <input checked="" type="checkbox"/></p>		<p>Date:</p>																																																																																									
<p>Item 8. Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																																																																											
<p>Modular Type: Only complete if you answered Yes to Item 8.</p> <p><input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Split Modular Approval</p> <p><input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Limited Split Modular Approval</p>																																																																																											
<p>Item 9. Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																																																																											
<p>Item 10. Enter a brief description of the product being marketed.</p> <p>Digital Trail Camera (Maximum 255 Characters)</p>																																																																																											
<p>Item 11. This Application is for:</p> <p><input checked="" type="checkbox"/> Original Equipment</p> <p><input type="checkbox"/> Change in identification of presently authorized equipment:</p> <p>Original FCC ID: _____ Grant Date (MM/DD/YYYY): _____</p> <p><input type="checkbox"/> Class II permissive change or modification of presently authorized equipment</p> <p><input type="checkbox"/> Class III permissive change to software defined radio (Note: this may only be filed for applications pertaining to Software Defined Radio)</p>																																																																																											
<p>Item 12. Is the equipment in this application:</p> <p>(a) a composite device subject to an additional equipment authorization?</p> <p>(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?</p> <p><i>Note: If either of the above questions have been answered with "Yes" complete section 12 (c).</i></p>			<p>(a) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																																																																																								
<p>12 (c) The related application:</p> <p><input type="checkbox"/> has been granted under the FCC ID(s) listed to the right</p> <p> <input type="checkbox"/> is in the process of being filed under the FCC ID(s) listed to the right</p> <p><input type="checkbox"/> is pending with the FCC under the FCC ID(s) listed to the right</p> <p><input type="checkbox"/> has a mix of pending and granted statuses under the FCC ID(s) listed to the right</p>			<p>i. FCC ID: _____</p> <p>ii. FCC ID: _____</p> <p>iii. FCC ID: _____</p> <p>iv. FCC ID: _____</p>																																																																																								
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8.	1720	1745	0.140	0.005529	ppm	17M9W7D	27		
9.	699.7	715.3	0.191	0.006546	ppm	1M09G7D	27		
10.	701.5	713.5	0.145	0.006724	ppm	4M50W7D	27		
11.	704	711	0.160	0.005413	ppm	8M99G7D	27		
12.	704	711	0.155	0.007145	ppm	8M97W7D	27		

Item 14. 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

Read each certification carefully before answering and signing this application.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND 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 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 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 signee listed below is different from Grantee'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 (Typed): Jixue Lu / Engineer *Jixue Lu* 2020.12.01

Company Name of Person Signing Application: Siren Care(Shanghai)information and technology company