APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	RADIOSHACK WORLDWIDE CORP.		
Applicant's FRN	0034530394		
Model Number	6301910,63019111,6301912,6301913,6301914,6301916,6301921,6301922	☐ Request for Grantee Code	
FCC ID: (Grantee + Applicant Code)	2BDUR-6301916		
Address line 1	Millennium Tower, 18th floor floor Paseo		
Address line 2	General Escalon Number 3675 Col. Escalon,		
City	San Salvador	Zip/ Postal Code	
State		P.O. Box	
Country	El Salvador	Phone	(503)2250-2000
First Name	RODOLFO	Fax	(503)2250-2000
Middle Name		Email	rodolfoefrain chavez@unicomer.com
Last Name	CHAVEZ	Mail Stop	
Title	manager		

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)			
Technical Contact			
Company Name	RADIOSHACK WORLDWIDE CORP.		
Address	Millennium Tower, 18th floor Paseo General Escalon Number 3675 Col. Escalon, San Salvador, El Salvador		
City	San Salvador	Zip/ Postal Code	
State		P.O. Box	
Country	El Salvador	Phone	(503)2250-2000
Contact Person	RODOLFO CHAVEZ	Fax	(503)2250-2000
Title	manager	Email	rodolfoefrain chavez@unicomer.com
Non - Technical Contact			
Company Name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title		Email	

Section: Three

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	☐ Yes ☒ No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy) _____	☐ Yes ☒ No
Is this application for Software Defined Radio (SDR) authorization?	☐ Yes ☒ No

Is there a PAG associated with this Application? Please specify KDB number: _____	☐ Yes ☒ No
Does the applicant request a deferred Grant Date? (mm/dd/yyyy) _____	☐ Yes ☒ No

Is this a Modular or Limited Modular Certification?	***Is there a waiver associated with this filing?***
☒ **No** ☐ **Yes** **Modular Type:** *(if you answered "Yes")* ☐ Single Modular Approval ☐ Limited Single Modular Approval ☐ Split Modular Approval ☐ Split Limited Modular Approval	☐ **Yes** ☒ **No** **Waiver Number**: _____ **Waiver Date**: _____

Description of product as it is marketed *(note: this text will appear below the equipment class on the grant)*	Smart Camera

Purpose of the Application:

☐ Original equipment

☒ Change in identification of presently authorized equipment:

Original FCC ID: 2APD7-G12 _____Original Grant Date (MM/DD/YYYY): 08/15/2023

☐ 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)*

Equipment Specifications

The equipment will be operated under FCC Rule Part(s) 15.247

Frequency range in MHz		Rated RF power output (Watts)	Frequency tolerance (%, Hz, ppm)		Emission Designator (NOT for Part 15 devices)	FCC Equipment Code (ex:: DTS, DSS, PCE)
2412	2462	0.05212				DTS

NOTE: If additional Equipment Specifications required, please use separate page

Is the equipment in this application?

(a) a composite device subject to an additional equipment authorization?	☐ Yes ☒ No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	☐ Yes ☒ No

If either of the above questions is answered "Yes" please complete the following statement

(c) The related application checked above is (Check one box only)

☐ has been granted under the FCC ID listed to the right ☐ 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	FCC ID: _____

Section: Four

Name of **Test Firm** and contact person on file with the FCC, if different from applicant or contact person			
Company name	Global United Technology Services Co., Ltd.		
Address	No. 123-128, Tower A, Jinyuan Business Building, No.2, Laodong Industrial Zone, Xixiang Road, Baoan Distric		
City	Shenzhen	Zip Postal Code	518102
State	Guangdong	P.O. Box	
Country	China	Phone	86-0-755-2779-8480
Contact Person	Robinson Lo	Fax	
Email	robinson.lo@gtstest.com		
FCC Registered Test Site Number (required for part 15 and 18 applications)			**381383**

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 Applus Laboratories 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 Applus Laboratories or the FCC upon request, and that Applus Laboratories or FCC reserves the right to contact the applicant directly at any time.

Original written signature of authorized signer		Date (Month, Day, Year)	October 10,2024
Typed/printed name of authorized signer	RODOLFO CHAVEZ	Title of authorized signer	Manager

Complete items below if an agent signs the application			
Firm name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	