

FCC Application Form 731

1. Applicant details

| | | | |
|--------------------------|--|----------------|------------------------------|
| Company data | | | |
| Company name (Grantee) | ALPINE ELECTRONICS, INC. | | |
| Address | 20-1 YOSHIMA INDUSTRIAL PARK, IWAKI, FUKUSHIMA 970-1192, JAPAN | | |
| P.O. Box | | Zip Code | 970-1192 |
| State | | Country | JAPAN |
| FCC Registration Number | 0016755563 | | |
| Main contact data | | | |
| First name | MITSURU | Last name | YOSHIDA |
| Job Title | ENGINEERING MANAGEMENT | | |
| Telephone number | +81-246-36-4111 | Extension | |
| Fax number | | E-mail address | yoshida-mtr@apn.alpine.co.jp |

2. Other contact information

| | |
|---|-------------------------------------|
| If you want to name a different person as either technical or non-technical contact please tick the box and fill the following data: | <input type="checkbox"/> |
| Technical contact | |
| Company name | |
| Address | |
| P.O. Box | Zip Code |
| State | Country |
| First name | Last name |
| Telephone number | Extension |
| Fax number | E-mail address |
| Non-Technical contact | |
| Company name | |
| Address | |
| P.O. Box | Zip Code |
| State | Country |
| First name | Last name |
| Telephone number | Extension |
| Fax number | E-mail address |
| Agent | |
| If an agent is used to submit the application and to receive the communications related to this application please tick the following box and provide the corresponding agent letter. | <input checked="" type="checkbox"/> |

3. Equipment details

| | | | |
|---|-----|------------------------------|--|
| FCC ID | | | |
| Grantee code | A26 | Product code | 9ZUA158 |
| Description of product as it is marketed (NOTE: This text will appear below the equipment class on the grant) | | | |
| Automotive Headunit Bluetooth and WLAN | | | |
| Radio module | | | |
| Is the equipment described in this application a radio module to be installed in other devices? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | | |
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| If "Yes", please select the type of modular application? | Does not apply | |
| Is the equipment using an already certified module whose RF interface is not required to be certified? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If "Yes", please specify the FCC ID | | |

| | |
|---|---|
| Equipment class | |
| <input type="checkbox"/> DCD - Part 15 Low Power Transmitter Below 1705 kHz | <input checked="" type="checkbox"/> DSS - Part 15 Spread Spectrum Transmitter |
| <input checked="" type="checkbox"/> DTS - Digital Transmission System | <input type="checkbox"/> DXT - Part 15 Low Power Transceiver, Rx Verified |
| <input type="checkbox"/> DXX - Part 15 Low Power Communication Device Transmitter | <input checked="" type="checkbox"/> NII - Unlicensed National Information Infrastructure TX |
| <input type="checkbox"/> JBC - Part 15 Class B Computing Device/Personal Computer | <input type="checkbox"/> JBP - Part 15 Class B Computing Device Peripheral |
| <input type="checkbox"/> PCB - PCS Licensed Transmitter | <input type="checkbox"/> PCE - PCS Licensed Transmitter held to ear |
| <input type="checkbox"/> PCF - PCS Licensed Transmitter held to face | <input type="checkbox"/> PCT - PCS Licensed Transmitter worn on body |
| <input type="checkbox"/> TNB - Licensed Non-Broadcast Station Transmitter | <input type="checkbox"/> TNE - Licensed Non-Broadcast Transmitter Held to Ear |
| <input type="checkbox"/> TNF - Licensed Non-Broadcast Transmitter Held to Face | <input type="checkbox"/> TNT - Licensed Non-Broadcast Transmitter Worn on Body |
| If not listed above please include the equipment classes below: | |
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| Software Defined/Cognitive Radio | | |
| Is this application for software defined/cognitive radio authorization? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

4. Certification request

| | |
|--|--|
| Application purpose | |
| <input type="checkbox"/> Original equipment | <input type="checkbox"/> Class 2 Permissive Change |
| <input type="checkbox"/> Class 3 Permissive Change to Software Defined Radio | <input checked="" type="checkbox"/> Change of FCC ID |

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|--|---|
| Confidentiality | |
| 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 Rules? | |
| Long term confidentiality: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Short term confidentiality: | No <input type="checkbox"/> Yes – 45 days <input type="checkbox"/> Yes – 90 days <input type="checkbox"/> Yes – 138 days <input type="checkbox"/> Yes – 180 days <input checked="" type="checkbox"/> Yes – Specific date (YYYY/MM/DD): |

| | | |
|---|------------------------------|--|
| Related Equipment | | |
| Is the equipment in this application part of a system that operates with, or is marketed with, another device that requires an equipment authorization? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If "Yes", the related application is in the process of being filed under the following FCC ID(s): | | |

| | | |
|---|------------------------------|--|
| Related OET Knowledge Database (KDB(Inquiry) | | |
| Is there any KDB inquiry related with this application? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If "Yes", please specify the KDB inquiry number | | |

| | | |
|---|------------------------------|--|
| If "Yes", please specify the e-mail associated with such KDB | | |
| Equipment Authorization Waiver | | |
| Is there an equipment authorization waiver associated with this application? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information provided? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

| | | | |
|------------------------------|--|----------------|---------------------------|
| Test Firm Information | | | |
| Firm Name | DEKRA Testing and Certification S.A.U. | | |
| First Name | Francisco | | |
| Last Name | Canas Escribano | | |
| Telephone number | 34-9562-619100 | Extension | 100 |
| Fax number | 34-9562-619113 | E-mail address | francisco.canas@dekra.com |

5. Equipment specifications

| | Operation mode | Equipment Class | Lower Frequency (MHz) | Upper Frequency (MHz) | Power Output (W) | Frequency Tolerance (% , Hz, ppm) | Emission Designator (See 47 CFR §2.201 and §2.202) | Microprocessor Number | Operated under Rules Part |
|----|-------------------|-----------------|-----------------------|-----------------------|------------------|-----------------------------------|--|-----------------------|---------------------------|
| 1 | GFSK | DSS | 2402 | 2480 | 0,0076384 | | | | 15C |
| 2 | Π/4-DQPSK (2Mbps) | DSS | 2402 | 2480 | 0,0052000 | | | | 15C |
| 3 | 8-DPSK (3Mbps) | DSS | 2402 | 2480 | 0,0057280 | | | | 15C |
| 4 | 802.11b | DTS | 2412 | 2462 | 0,0389942 | | | | 15C |
| 5 | 802.11g | DTS | 2412 | 2462 | 0,0435512 | | | | 15C |
| 6 | 802.11n-N20 | DTS | 2412 | 2462 | 0,0312608 | | | | 15C |
| 7 | 802.11n-N40 | DTS | 2422 | 2452 | 0,0322849 | | | | 15C |
| 8 | 802.11a | NII | 5745 | 5825 | 0,0176604 | | | | 15E |
| 9 | 802.11 N20&ac20 | NII | 5745 | 5825 | 0,0176198 | | | | 15E |
| 10 | 802.11 N40&ac40 | NII | 5755 | 5795 | 0,0158125 | | | | 15E |
| 11 | 802.11 ac80 MHz | NII | 5775 | 5775 | 0,0132739 | | | | 15E |

6. Certification agreement

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 | |
| <p>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.</p> <p>Does the applicant or authorized agent so certify?</p> | <p>Yes <input checked="" type="checkbox"/></p> |

Post-Market Surveillance

Section 2.962(g) of the FCC Rules requires a TCB conduct appropriate post-market surveillance activities in accordance with ISO/IEC 17065. The requirements for TCBs were specified in the Commission's Report and Order (R&O) in GEN Docket 98-68 (FCC 98-338), adopted on December 17, 1998.

Further guidance on the requirements for TCBs was given in Public Notice DA 99-1640. The FCC provides additional information regarding Accreditation Requirements for Telecommunication Certification Bodies in GEN Docket 98-68 (FCC 98-92), released on May 18, 1998.

Does the applicant agree to provide, on request, samples and information of this equipment to DEKRA for market surveillance purposes as required by the FCC rules specified above?

Yes
☒

Applicant/Agent Certification

I, hereby, declare that the information stated in this form is to best of my knowledge correct

I, hereby, apply for a Grant of equipment authorization issue by DEKRA under the authority of the Federal Communications Commission,

I, hereby, agree to conform with DEKRA terms and conditions to conduct the required certification.

I, hereby, attest that neither DEKRA nor any other entities under its organizational control:

- are not the designer, manufacturer, installer, distributor or maintainer of the product subject of this application;
- have offered or provided consultancy to us

and,

I, hereby, confirm that I have read and understood the DEKRA' FCC/IC Certification Guide (FCB003).


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.

Please specify other activities, other than testing and certification, you have performed with DEKRA TC:

☒ None ☐ Others:

| | | | |
|------------|--|------------------------------------|------------------------|
| Date: | June 5, 2018 | Authorized signatory: | Mitsuru Yoshida |
| Signature: |  P.A | Title of the authorized signatory: | Engineering Management |

TERMS AND CONDITIONS

Compliance

The applicant agrees that the certified products manufactured and supplied by him as specified in the certificate based on and attached to this agreement will comply with the requirements of the FCC regulations.

Modifications

The applicant agrees that the products for which the certificate is granted will be produced to the same specifications as the sample that DEKRA found by review to be in compliance with the regulations. The applicant shall immediately inform to DEKRA or other certification body of any changes affecting to the certified product if such change requires notification as specified by FCC regulations.

Use of the Certificate/approval mark

No parts of the certification documents provided by DEKRA may be reproduced or quoted out of context, in any form or by any means, except in full, without the previous written permission of DEKRA and according to FCC regulations.

Use of the certification documents, approval mark or any reference to the certification of the device in any document, marketing material or leaflet must be done in accordance with FCC regulations.

The certification documents, approval mark or any reference to the certification must not be used in a misleading manner and must not be used in such a manner as to bring DEKRA into disrepute.

References to the certification must be discontinued upon suspension or cancellation of certification.

Complaints

The applicant shall keep records and upon request report by DEKRA any complaints regarding those aspects of the products covered by the certificate. The applicant shall take appropriate action with to respect such complaints and any deficiencies found in products or services that affect compliance with the requirements for certification. The applicant shall keep records of such action.

Appeal/dispute

The applicant has the right to appeal/dispute the decisions of DEKRA's certification body. All disputes that may arise in connection with this agreement are to be settled in accordance with the appeal procedures of DEKRA. The FCC is the final arbitrator.