FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For FCC use only

SECTION I - *ALL ITEMS IN THIS SECTION MUST BE COMPLETED*

1. Applicant's complete, legal business name
Philips Electronics Industries (Taiwan) Ltd.

☐ Check here if this is a change in name and/or address not previously reported (See 47 CFR§ 2.934)

2. Applicant's mailing address (Line 1)
No. 5, Tze Chiang 1 Road, Chungli Industrial Park,

Bureau Use Only
Equipment Code:

Applicant's mailing address (Line 2) (if required)
P.O. Box 123, Chungli,

Engineer:

City
Taoyuan.

Examiner:

State or Country (if foreign address)
Taiwan, R.O.C.

ZIP/ Postal Code

3. FCC ID：
(a) Grantee code **A 3 K**
(b) Equipment product Code (14 characters maximum, show zeros as ∅) **M101**

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact： *(See instructions)*
Mr. Ronnie Yang - Manager, Safety/DEV

5. (a) Telephone No. (Area/Country/City code, No. and Ext.)
886-3-4549862

(b) FAX No. (Area/Country/City code and No.)
886-3-4549887

(c) Internet e-mail address： **ronnie.yang@philips.com**

SECTION II - See 47 CFR§ 1.1103 for Fee Type Codes and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (C) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code (s) in Section III below.

(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
E A C	0 0 0 1		

SECTION III - Use when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		0 0 0 1	$	
(3)		0 0 0 1	$	
(4)		0 0 0 1	$	

(5) **Add all amounts shown in column C, lines (1) through (4), and enter the total here. This amount should equal your enclosed remittance.** →

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	**FOR FCC USE ONLY**

SECTION IV - *Enter FCC ID from Page 1, Section I* **FCC ID.: A3KM101**

1. (a) Instead of Applicant, FCC is authorized to mail original Grant to: *(See instructions)*

Firm name, number, street, City, State/Country, ZIP/Postal Code: **Safety & Compliance Consulting, No. 29, Sweetman Lane, West Milford, NJ. 07480-2932**

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1. (a) is completed, this Item must be completed)

Mr. Richard Mullen

2. (a) Technical contact:

Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code: **Safety & Compliance Consulting, Mr. Richard Mullen, No. 29, Sweetman Lane, West Milford, NJ. 07480-2932**

(b) Telephone No. (Area/Country/City code, No. and Ext.) **973-728-5141**

(c) FAX No. (Area/Country/City code and No.) **973-728-5141**

(d) Internet e-mail address: **mullenr@bellatlantic.net**

(e) Non-Technical contact:

Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code: **Safety & Compliance Consulting, Mr. Richard Mullen, No. 29, Sweetman Lane, West Milford, NJ. 07480-2932**

(f) Telephone No. (Area/Country/City code, No. and Ext.) **973-728-5141**

(g) FAX No. (Area/Country/City code and No.) **973-728-5141**

(h) Internet e-mail address: **mullenr@bellatlantic.net**

3. 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's Rules? *If "Yes" see instructions.* ☐ Yes ☒ No

4. Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR § 0.457(d)(1)(ii)? *(See instructions)* ☐ Yes ☒ No

5. Type of equipment authorization requested:(check one box only) ☒ Certification ☐ Type Acceptance ☐ Notification

6. (a) Equipment Code and description: *(See Instructions, Page 4)*

J	B	P

Color LCD Monitor

(b) Equipment will be operated under FCC Rule Part(s): **Part 15 B**

7. Application is for: (Check one box only)

☐ 1. Original equipment *(See instructions)*

☐ 2. Change in identification of presently authorized equipment

ORIGINAL FCC ID	Grant date

☒ 3. Class II permissive change or modification of presently authorized equipment *(See instructions)*

8. EQUIPMENT SPECIFICATIONS: *(See instructions)*

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator (See 47 CFR § 2.201 and § 2.202)	(e) Microprocessor model number
HF: 30-96KHz VF: 50-160Hz Max. Resolution: 1600x1200	**N/A**	**N/A**	**N/A**	**N/A**

9. Is the equipment in this application:

(a) a composite device subject to more than one type of equipment authorization? ☐ Yes ☒ No

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

If either of the above questions is answered "Yes" complete items 10.(a) and (b). *(See instructions)*

SECTION IV (continued) - *Enter FCC ID from Page 1, Section I* ▶ *FCC ID.: A3KM101*

10. (a) Additional type of equipment authorization required:

N/A ☐ Certification ☐ Type Acceptance ☐ Notification

(b) The related application checked in item 10.(a) (Check one box only)

☐ has been filed at the same time as this application under the FCC ID listed below

☐ has been granted under the FCC ID listed below

☐ is in the process of being filed under the FCC ID listed below

☐ is pending with the FCC under the FCC ID listed below

FCC ID N/A

11. (a) Name of test firm on file with the FCC, if different from applicant or contact person:

N/A

(b) Mailing address, number, street, City, State/Country, ZIP/Postal/Code	N/A	(c) Telephone No. (Area/Country/City code, No. and Ext.)
		(d) FAX No. (Area/Country/City code, No. and Ext.)

(e) Internet e-mail address:

12. Number of exhibits submitted with this application: 4

SECTION V - 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).

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. (a) 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 FCC 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 he agent to respond to the above Section 5301 (Anti-Drug Abuse) Certification Statement has been provided by the applicant. It isunderstood that the letter of authorization must be submitted to the FCC upon request, and that the FCC reserves the right to contactthe applicant directly at any time.

Original written signature of authorized signer	▲ Date (Month, Day, Year)
	Mar./12/2002
▲ Type / printed name of authorized signer: Ronnie Yang (NVLAP Signatory)	▲ Title of authorized signer: Manager, Safety/DEV

▼ Complete items below if an agent signs the application.

(b) Agent's business name, number, street, City, State/Country, ZIP/Postal/Code	(c) Telephone No. (Area/Country/City code, No. and Ext.)
	(d) FAX No. (Area/Country/City code, No. and Ext.)

(e) Internet e-mail address: