

To:  
Reviewing Engineer  
Federal Communications Commission  
7435 Oakland Mills Road  
Columbia, MD 21046

Date: 7 September 2006

**RE: CONFIDENTIALITY REQUEST FOR FCC ID: BV5BEOCOM4BS**

To Whom It May Concern:

This letter serves as an official request for confidentiality under FCC Rule Section 0.459.

We have requested that the technical description, schematics diagrams, parts lists and block diagram required to be submitted with the application be withheld from public review.

The reason for this request is that the documents are company proprietary information that would cause damage to our company if they become available to our competitors.

Please contact me if there is any information you may need.

Sincerely,

Bang & Olufsen A/S

  
Jens Aksel Thomsen  
Consultant, Test & Approval



## Application for FCC Certification

(App/003)

Nemko Canada Inc

This form constitutes the certification agreement between Nemko Canada and the applicant and is required for every application. FCC Form 731 is still required to process a certification application.

### 1. CONTACT DETAILS

<b>Applicant</b> (certificate holder)	Name: Bang & Olufsen Telecom A/S Address: Peder Bangs Vej 15  City: Struer Province/State: Post Code: DK-7600 Country: Denmark Grantee code: BV5 Federal Registration Number (FRN):	Contact person: Jens Aksel Thomsen Phone: +45 96 84 10 85  Fax: Email: jmt@bang-olufsen.dk
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### 2. PRODUCT DETAILS

<b>Product</b>	Brand Names: Bang & Olufsen
	Model Numbers: BeoCom4 US
	FCC ID: BV5BEOCOM4BS

### 3. PAYMENT

<b>Payment Method</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> Wire transfer  Account Holder: Amount: Cheque Number: Date of Transfer:	<input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Visa <input type="checkbox"/> MasterCard  Card Holder: Card Number: Expiry Date: Amount:
	<input type="checkbox"/> Invoice  Amount: Purchase Order Number:	Billing Address (if different from section 1) Address: City: Province/State Postal Code Country

### 4. AGREEMENT

<b>Agreement</b>	In signing this agreement, I recognise and accept all the terms and conditions detailed overleaf as far as these are applicable to the services requested and that I am authorised to sign on behalf of the applicant.  Agents signing this agreement on behalf of the applicant shall supply an official Letter of Authorisation with the certification application
	(Please Type or Print the following) Name of Applicant: Jens Aksel Thomsen  Title of Applicant: Consultant, Test & Approval
	Signature of applicant:  Date: 07-09-2006

## FEDERAL COMMUNICATIONS COMMISSION

# FCC FORM 731

Approved by OMB  
 3060-0057

## 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 <b>Bang &amp; Olufsen Telecom A/S</b>	<input checked="" type="checkbox"/> 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) <b>Peder Bangs Vej 15</b>	Bureau Use Only
Applicant's mailing address (Line 2) (if required)	Equipment Code:
City <b>Struer</b>	Engineer:
State or Country (if foreign address) <b>Denmark</b>	Examiner:
ZIP/Postal Code <b>DK-7600</b>	3. FCC ID: (a) Grantee Code <b>B V 5</b> (b) Equipment Product Code <b>BEOCOM4BS</b>
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) <b>Jens Aksel Thomsen</b>	
5. (a) Telephone No. (Area/Country/City code, No. and Ext.) <b>+45 96 84 10 85</b>	(b) FAX No. (Area/Country/City code, No.)
(c) Internet e-mail address: <b>jmt@bang-olufsen.dk</b>	

### 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
(1)		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. <p style="text-align: right;">→</p>			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING <b>\$</b> FOR FCC USE ONLY

SECTION IV – Enter FCC ID from Page 1, Section I ➤ BV5BEOCOM4BS

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

(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)

2.(a) Technical contact: Firm Name, Contact person, Number, street, City, State/Country, ZIP/Postal Code		(b)Telephone No. (Area/Country/City code, No. and Ext.)  (c)FAX No. (Area/Country/City code and No.)				
(d) Internet e-mail address:						
(e) Non-Technical contact: Firm Name, Contact person, Number, street City, State/Country, ZIP/Postal Code		(f)Telephone No. (Area/Country/City code, No. and Ext.)  (g)FAX No. (Area/Country/City code and No.)				
(h) Internet e-mail address:						
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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
4. Does this applicant request that the Commission defer grant of this application pursuant to 47 CFR §0.457(d)(1)(ii)? (See instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
5. Type of equipment authorization requested: (check one box only) <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Type Acceptance <input type="checkbox"/> Notification						
6.(a) Equipment Code and description: (See instructions, page 4) <table border="1"><tr><td>P</td><td>U</td><td>B</td></tr></table> Part 15 Unlicensed PCS Base Station		P	U	B	(b) Equipment will be operated under FCC Rule Part(s): 15.323	
P	U	B				
7. Application is for: (Check one box only) <table border="1"><tr><td><input checked="" type="checkbox"/> 1. Original equipment (See instructions)</td><td><input type="checkbox"/> 2. Change in identification of presently authorized equipment</td><td><input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)</td></tr></table>				<input checked="" type="checkbox"/> 1. Original equipment (See instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)
<input checked="" type="checkbox"/> 1. Original equipment (See instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 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		
1921.536 - 1928.448	0.11					

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 requires an equipment authorization?

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

COMPLETE, SIGN and DATE Page 3

FCC Form 731 – Page 2 of 3



BANG & OLUFSEN

**SECTION IV (continued)– Enter FCC ID from Page 1, Section I ➤**

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

**BV5BEOCOM4HS**

**FCC ID**

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

Nemko Comlab

(b) Mailing address, Number, street, City, State/Country, ZIP/Postal Code	Gasevikveien 8  N-2007 Kjeller  Norway	(c) Telephone No. (Area/Country/City code, No. and Ext.)  +47 64 84 57 00
		(d) FAX No. (Area/Country/City code and No.)  +47 64 84 57 05

(e) Internet e-mail address: frode.sveinsen@nemko.com

12. Number of exhibits submitted with this application:

**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 this 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 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.



Original written signature of authorized signer

▲ Date (Month, Day, Year)

▲ Typed/printed name of authorized signer

▲ Title of authorized signer

▼ Complete items below if an agent signs the application.

(b) Agent's business name,  
Number, street,  
City, State/Country,  
ZIP/Postal Code

(b) Telephone No. (Area/Country/City code, No. and Ext.)

(c) FAX No. (Area/Country/City code and No.)

(e) Internet e-mail address:

## UPCS – Compliance Information

EUT AND PRODUCT INFORMATION			
Type of Equipment	US DECT UPCS		
Model name	BEOCOM4 US		
	FP	PP	Repeater
<b>EUT Type/System</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>HW Version</b>	>	>	
<b>SW Version</b>	>	>	
<b>RFPI / PIN</b>			
<b>Max. Peak Power (dBm)</b>	20.6	20.5	
<b>Emission BW (MHz)</b>	1.3	1.3	
<b>Receive Bandwidth (MHz)</b>	1.3	1.3	
<b>Does the EUT transmit signaling channels</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lower Threshold (dBm)</b>			
<b>Upper Threshold (dBm)</b>	-62.5	-62.7	
<b>Test standard:</b>	<input checked="" type="checkbox"/> FCC part 15D	<input type="checkbox"/> Other	
<b>Frequency Band</b>	1921.536 – 1928.448 MHz		
<b># of RF Channels</b>	5		
<b>Frame Period</b>	10 ms		
<b>Max. Burst length</b>	0.525 ms		
<b>Min. Burst Length</b>	0.377 ms		
<b># of Logical Channels</b>	60 (12 duplex channels per RF carrier)		
<b>Slot Type</b>	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Double	
<b>Operating Mode</b>	<input type="checkbox"/> Simplex	<input checked="" type="checkbox"/> Duplex	

## UPCS – Compliance Information

### ANTENNAS

Base (FP)	Antenna	Type	Gain (dBi)	Internal	External	
	1			<input type="checkbox"/>	<input type="checkbox"/>	
	2	>	+1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	3			<input type="checkbox"/>	<input type="checkbox"/>	
	4			<input type="checkbox"/>	<input type="checkbox"/>	
Does RX and TX use the same antenna(s)?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Handset (PP)	Antenna	Type	Gain (dBi)	Internal	External	
	1	>	-1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	2			<input type="checkbox"/>	<input type="checkbox"/>	
Does RX and TX use the same antenna(s)?			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

### ANTENNA DIVERSITY

	Antenna	Diversity Supported	
		TX	RX
Base (FP)	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>
Handset (PP)	1	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>

## UPCS – Compliance Information

<b>VOLTAGE AND TEMPERATURE RANGES</b>			
<b>VOLTAGES</b>	<b>FP</b>	<b>PP</b>	<b>Repeater</b>
Max Temperature (°C)	+40	+40	
Min Temperature (°C)	+10	0	
Nominal Voltage	115 V AC	2.5 V DC	
Cut-Off Voltage (if applicable)			
<b>POWER SOURCE</b>	<b>Type</b>	<b>Manufacturer</b>	
Base or Repeater	A/C adaptor		
Handset (PP) (charger)	NiMH Batteries		
Data Connections	<input type="checkbox"/> PSTN <input type="checkbox"/> Others (please specify) ....		
<b>ANCILLARY EQUIPMENT</b>			
<b>Description</b>			
<b>Type</b>			
<b>Manufacturer</b>			
<b>HOST DEVICE</b>			
<b>Description</b>			
<b>Type</b>			
<b>Manufacturer</b>			
<b>ADDITIONAL INFORMATION</b>			

# UPCS – Compliance Information

## MANUFACTURERS DECLARATIONS

### FCC part 15.323 (c)(5)

No device or group of co-operating devices located within 1 meter of each other shall during any frame period occupy more than 6 MHz of aggregate bandwidth, or alternatively, more than one third of the time and spectrum windows defined by the system.

Applicant Agrees

Yes

No

### FCC part 15.323 (c)(10)

The applicant hereby declares that system in this application does not use the criteria of (c)(10) of this section.

Applicant Agrees

Yes

No

### FCC part 15.323 (c)(11)

The applicant hereby declares that system in this application does not use the criteria of (c)(11) of this section.

Applicant Agrees

Yes

No

### FCC part 15.323 (c)(12)

The provisions of (c)(10) or (c)(11) of this section shall not be used to extend the range of spectrum occupied over space or time for the purpose of denying fair access to spectrum to other devices.

Applicant Agrees

Yes

No

### FCC part 15.307 (b)

The Applicant is a participating member of UTAM, Inc. and will provide an affidavit from UTAM, Inc. certifying this.

Confirmed By Applicant

Yes

No

### FCC part 15.319 (f)

The device shall automatically discontinue transmission in case of either absence of information to transmit or operational failure. These provisions are not intended to preclude transmission of control and signaling information or use of repetitive codes used by certain digital technologies to complete frame or burst intervals.

Please explain how compliance with the requirement is obtained:

See clause 4.7 of the test reports

Confirmed By Applicant

Yes

No

## UPCS – Compliance Information

### ADDITIONAL REMARKS:

None

### DECLARED BY:

Date: 07-09-2006

Jens Aksel Thomsen

Name (print)



Signature