

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

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


2. PRODUCT DETAILS

Product	Brand Names: Bang & Olufsen
	Model Numbers: BeoCom4 US
	FCC ID: BV5BEOCOM4BS

3. PAYMENT

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

4. AGREEMENT

Agreement	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

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 Bang & Olufsen Telecom A/S		<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) Peder Bangs Vej 15		Bureau Use Only Equipment Code:	
Applicant's mailing address (Line 2) (if required)		Engineer:	
City Struer		Examiner:	
State or Country (if foreign address) Denmark	ZIP/Postal Code DK-7600	3. FCC ID: (a) Grantee Code B V 5	(b) Equipment Product Code (14 characters maximum, show zeros as 0) BEOCOM4BS
4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) Jens Aksel Thomsen			
5. (a) Telephone No. (Area/Country/City code, No. and Ext.) +45 96 84 10 85		(b) FAX No. (Area/Country/City code, No.)	
(c) Internet e-mail address: jmt@bang-olufsen.dk			

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 the 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.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$	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. Yes 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) 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)
 P U B Part 15 Unlicensed PCS Base Station

(b) Equipment will be operated under FCC Rule Part(s):
 15.323

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

<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)
	ORIGINAL FCC ID _____ Grant date _____	

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? Yes No

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

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 ID² 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.



[Handwritten Signature]

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

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

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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



UPCS – Compliance Information

ADDITIONAL REMARKS:

None

DECLARED BY:

Date: 07-09-2006 Jens Aksel Thomsen
Name (print)


Signature