

02-08-99 0358315 8315083 2 001 21



SALCO INDUSTRIES
(407) 377-7717
263 FIELD END ROAD
SARASOTA, FL 34240

63-46
531

INVOICE	AMOUNT	INVOICE	AMOUNT

507

CHECK
AMOUNT

940.00

PAY *Nine Hundred Forty and 00/100*

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.	DOLLARS
2/2/99	FEDERAL COMMUNICATIONS COMMISSION		5073	

AMSOUTH BANK

[Signature]

⑆005073⑆ ⑆063104666⑆ 7429059787⑆ ⑆0000094000⑆

AMERICAN BANK NOTE COMPANY, NEW YORK, N.Y. 10038-0001

FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

For
FCC
use
only

93064

APPLICATION FOR EQUIPMENT AUTHORIZATION

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name

Salco Industries

☐ 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)

263 Field End Street

Applicant's mailing address (Line 2) (if required)

City

Sarasota

State or Country (if foreign address)

ZIP/Postal Code

34240-9703

FL

3. FCC ID:

(a) Grantee Code

B

Z

D

(b) Equipment Product Code

(14 characters maximum, show zeros as 0)

-SST011198

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)

Vincent Caputo

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

(941) 377-7717

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

(941) 379-9680

(c) Internet e-mail address:

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)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE

FEE DUE FOR FEE TYPE
CODE IN COLUMN (A)

FOR FCC USE ONLY

(1)

E G C

0 0 0 1

\$ 940.00

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)

(B)

(C)

FEE TYPE CODE

FEE MULTIPLE

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

\$

Add all amounts shown in column C, lines (1) through (4), and enter the total here.

(5) This amount should equal your enclosed remittance. TOTAL AMOUNT REMITTED
WITH THIS APPLICATION
OR FILING

\$ 940.00

FOR FCC USE ONLY

SECTION IV - Enter FCC ID from Page 1, Section I ▶ BZD-SST011198

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, Communication Certification Lab
contact person, Roger J. Midgley
number, street, 1940 W. Alexander Street
City, State/Country, Salt Lake City, UT
ZIP/Postal Code 84119

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

(801) 972-6146 ext 1243

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

(801) 972-8432

(d) Internet e-mail address: rjm@cclab.com

(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 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)

☐ ☒ ☒ Low Power TX

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

15C

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

☒ 1. Original equipment
(See instructions)

☐ 2. Change in identification of presently authorized equipment

☐ 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

303.875

(b) Rated RF power output in watts

0.00000048

(c) Frequency tolerance %, Hz, ppm

(d) Emission designator
(See 47 CFR §2.201 and §2.202)

48K0F1D

(e) Microprocessor model number

MC58HC705J1ADW

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

SECTION IV (continued) - Enter FCC ID from Page 1, Section I ► BZD-SST011198

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

FCC ID

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

Communication Certification Laboratory

(b) Mailing address, 1940 W. Alexander Street
number, street,
City, State/Country, Salt Lake City, UT
ZIP/Postal Code 84119

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

(801) 972-6146 ext 1243

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

(801) 972-8432

(e) Internet e-mail address:

rjm@cclab.com

12. Number of exhibits submitted with this application:

1

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 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)

2/2/99

S. Vincent Caputo

▲ Typed/printed name of authorized signer

Director -- PRESIDENT

▲ 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

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

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

(e) Internet e-mail address:

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

APPROVED BY OMB 3060-0589

(1) LOCKBOX #

PAGE NO 1 OF 1

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Salco Industries Inc.

(3) TOTAL AMOUNT PAID (dollars and cents)

\$ 940.00

(4) STREET ADDRESS LINE NO. 1

263 Field End Street

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Sarasota

(7) STATE

FL

(8) ZIP CODE

34240

(9) DAYTIME TELEPHONE NUMBER (include area code)

941-377-7717

(10) COUNTRY CODE (if not in U.S.A.)

**IF PAYER NAME THE AND APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)**

SECTION B - APPLICANT INFORMATION

(11) APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

Salco Industries Inc.

(12) STREET ADDRESS LINE NO. 1

263 Field End Street

(13) STREET ADDRESS LINE NO. 2

(14) CITY

Sarasota

(15) STATE

FL

(16) ZIP CODE

34240

(17) DAYTIME TELEPHONE NUMBER (include area code)

941-377-7717

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

(19A) FCC CALL SIGN/OTHER ID

BZD-SST011198

(20A) PAYMENT TYPE CODE (PTC)

E

G

C

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$

940.00

FCC USE ONLY

(23A) FCC CODE 1

(24A) FCC CODE 2

13EA93064

(19B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

\$

FCC USE ONLY

(23B) FCC CODE 1

(24B) FCC CODE 2

(19C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

\$

FCC USE ONLY

(23C) FCC CODE 1

(24C) FCC CODE 2

(19D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

\$

FCC USE ONLY

(23D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)