JASON TOYS & ELECTRONICS CO.,LTD.

Date: Jan.13, 2009

Federal Communications Commission
Authorization and Evaluation Division

FCC ID: DOZ-24G

Confidentiality Request

Pursuant to Sections 0.457 and 0.459 of the Commission's Rules, the Applicant hereby requests confidential treatment of information accompanying this Application as outlined below:

1. Schematics
2. Block Diagram
3. Operational Description

The above materials contain trade secrets and proprietary information not customarily released to the public. The public disclosure of these matters might be harmful to the Applicant and provide unjustified benefits to its competitors.

The Applicant understands that pursuant to Rule 0.457, disclosure of this Application and all accompanying documentation will not be made before the date of the Grant for this application.

Sincerely,

Jason Yeh
JASON TOYS & ELECTRONICS CO.,LTD.

JASON TOYS & ELECTRONICS CO.,LTD.

Declaration of Authorization

We
Name: JASON TOYS & ELECTRONICS CO.,LTD.
Address: No.133, Wu-Gong Road,Wu-Gu Township, Taipei, Taiwan
City: Taipei County
Country: Taiwan

Declare that:

Name: SGS Taiwan Ltd.
Address: 134, Wu Kung Rd., Wuku Industrial Zone
City: Taipei County
Country: Taiwan

is authorized to apply for Certification of the following product(s):

Product description: TQ 2.4GHz Radio System
Type designation: TQ 2.4G
Trademark: TRAXXAS

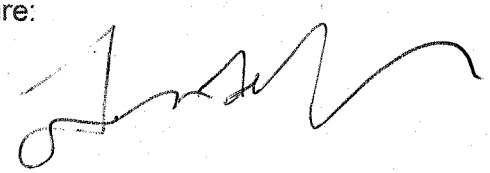
on our behalf.

Date: Jan.13,2009

City: Taipei County

Name: Jason Yeh

Signature:



JASON TOYS & ELECTRONICS CO.,LTD.

13. 01, 2009

Federal Communications Commission
Authorization and Evaluation Division

Dear Regulatory Authority,

We, the undersigned, hereby declare that FCC Part 15B Declaration of Conformity procedures will be applied to the digital device portion of the following product:

Type: TQ 2.4GHz Radio System
Model: TQ 2.4G
FCC Part15B DoC report number: ER/2009/10010

This Device complies with Part 15B DoC of the FCC rules, operation is subject to the following two conditions.
This device may not cause harmful interference and,
This device must accept any interference received,
including interference that may cause undesired operation.

TEST LABORATORY

SGS Taiwan Ltd.

Electronics & Communication Laboratory
No. 134, Wu Kung Rd., Wuku Industrial Zone, Taipei County, Taiwan.
FCC Registration Number of Test Site: 94644.
Accredited Lab. assigned under FCC number TW1016

Sincerely,

Jason Yeh
JASON TOYS & ELECTRONICS CO.,LTD.

TCB TELEFICATION TCB TELEFICATION

Edisonstr. 12a
6902 PK Zevenaar
The Netherlands
Tel:+31 316 583180
Fax: +31 316 583189
Email: certification@telefication.com

APPLICATIONFORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

FRN NUMBER of GRANTEE

0018323451

Who is communicating *directly* with the Telefication assessor for this filing?
Name:
Email:

On some fields you can use F1 for explanations or see the Status Bar

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

Grantee's complete, legal business name
JASON TOYS & ELECTRONICS CO.,LTD.

Grantee's mailing address
No.133, Wu-Gong Road,Wu-Gu Township, Taipei, Taiwan

City	State or Country (if foreign address)	ZIP/Postal Code
Taipei County	Taiwan	

FCC ID:	(a) Grantee Code	(b) Equipment Product Code (14 characters maximum, show zeros as Ø) *include dashes (-) where appropriate*
consisting of:	D O Z	-24G

Name, Title and Mail Stop, if any, of person at the grantee's address to receive grant, or for contact: *(See the Instructions document)*
Jason Yeh/No.133, Wu-Gong Road,Wu-Gu Township, Taipei, Taiwan

(a) Telephone No. (Area/Country/City code, No. and Ext.)	(b) FAX No. (Area/Country/City code, No.)
+886-2-8990-2176 ext 15	+886-2-8990-2157

(c) Email address: yeh586@hotmail.com

SECTION II – *CONTACT INFORMATION*

(a) Technical contact:		(b)Telephone No. (Area/Country/City code, No. and Ext.)
Company Name,	SGS Taiwan Ltd.	+886222993279 ext. 1480
Contact person,	Vincent Su	
Number, street,	134, Wu Kung Rd., Wuku Industrial Zone	(c) FAX No. (Area/Country/City code and No.)
City, State/Country,	Taipei County, Taiwan	886222982698
ZIP/Postal Code	248	

d) Internet e-mail address:

e) Non-Technical contact:	same as above	(f)Telephone No. (Area/Country/City code, No. and Ext.)
Company Name,		
Contact person,		
Number, street		(g)FAX No. (Area/Country/City code and No.)
City, State/Country,		
ZIP/Postal Code		

h) Email address:

ECTION III – EQUIPMENT AUTHORIZATION SUMMARY

a) Long-Term 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's Rules? If "Yes" a letter shall be attached. Yes ☒ No ☐

b) Short-Term Confidentiality
Does short-term confidentiality apply to this application? Yes ☐ No ☐
If yes, specify the short-term confidentiality release date (MM/DD/YYYY format): (if no date given the default will be 45 days from grant date; max time 180 days from grant date!). A letter shall be attached.

Modular Equipment: (You have to select the correct type!)
Modular Type: ☐ Does not apply ☐ Single Modular Approval ☐ Limited Single Modular Approval
☐ Split Modular Approval ☐ Limited Split Modular Approval

Type of equipment authorization request (check *one* box only) ☒ Certification ☐ Type Acceptance ☐ Notification

(a) Equipment Code:	and/or FCC part (see the Instructions, pages 4-8):	(b) Equipment description to appear on FCC grant:
D S S	Part15.247	TQ 2.4GHz Radio System

Application is for: (Check one box only)
☒ 1. Original equipment *(See the 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 the Instructions)*

EQUIPMENT SPECIFICATIONS: *(See the Instructions)*

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance in %, Hz, or ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number
2412-2462				

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 equipment authorization? ☐ Yes ☐ No
(c) ***If either of the above questions is answered "Yes" complete the following statement.***
The related application: has been granted under the FCC ID(s) listed below:

FCC ID: FCC ID: FCC ID: FCC ID:

(a) Name of test firm on file with the FCC:

(b) Number, street, 134, Wu Kung Road, Wuku Industrial Zone
City, State Taipei County
ZIP/Postal Code 248
Country Taiwan
Contact person:
Contact email: Vincent Su

(c)Telephone No. (Area/Country/City code, No. and Ext.)
+886-2-22993279 ext:1480

(d)FAX No. (Area/Country/City code and No.)
+886-2-2299-9489

Equipment Authorization Waiver
there an equipment authorization waiver sociated with this application?
'es ☐ No ☐

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? Yes ☐ No ☐

ECTION IV – 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).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:
The grantee must certify that neither the grantee 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 grantee or authorized agent so certify? ☒ Yes ☐ No

(a) **GRANTEE/AGENT CERTIFICATION:**
I certify that I am authorized to sign this application and declare that we have not requested for a Grant of the same equipment by another TCB or the FCC. 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 grantee 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. The grantee declares not to make false claims, use the certification appropriately and make appropriate declarations on the literature.

If the grantee 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 grantee's discretion; however, the grantee remains responsible for all statements in this application.

If an agent has signed this application on behalf of the grantee, 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 grantee. 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 grantee directly at any time.

MARKET SURVEILLANCE
The grantee is (made) aware and accepts that FCC rules require that production samples of the equipment to be certified must be made available for market surveillance purposes at all times. Non-compliance with the surveillance procedure (if requested to supply a product for that purpose) has to be reported to the FCC and may result in blocking of the grantee code or dismissal of the applicable grant.

By signing this form at the bottom, the grantee hereby declares that he or she:

- accepts this application as an order and will pay all associated costs in case no other order has been agreed;
- is familiar with the *General conditions Telefication* and the Certification/Assessment/Approval procedures.
- has completed this application form truthfully.

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) Email address:

GNATURE:

ə Original written signature of authorized signer

ə 01/13/2009
Date (Month, Day, Year)

Jason Yeh
Typed/printed name of authorized signer

ə Title of authorized signer