

**Application E09-000076-FCC is listed below.**

**Applicant/Manufacturer**

**Applicant/Manufacturer Information**

\* Complete, Legal Business Name  
Itron, Inc.  
\* Address, Line 1 P.O. Box  
2111 N. Molter Road  
Address, Line 2 \* Country  
USA  
\* City USA  
Liberty Lake WA \* Zip/Postal Code  
99019

\* FCC Grantee Code  
EO9

\* FCC/CORES FRN (FCC Registration Number)  
0005861034

\* Industry Canada Company Number  
864A

**Note: For FCC and IC items above which do not apply, enter N/A.**

**Person at the above address to receive grant, or for contact**

\* First Name \* Last Name  
Jay Holcomb  
Title Mail Stop  
R&D Regulatory Manager  
\* Telephone Extension  
509-891-3281  
\* Fax \* E-Mail Address  
509-891-3896 jay.holcomb@itron.com

**Change Applicant/Manufacturer**

You may choose a different pre-defined applicant/manufacturer by selecting from the drop-down box.

Itron, Inc.

If you wish to edit or to add a pre-defined applicant/manufacturer, please login to the customer account and navigate to **Predefine and Manage Applicants/Manufacturers**.

**Grant Receiver**

**Grant Receiver Information**

\* Firm Name  
Itron, Inc.  
\* Address, Line 1 P.O. Box  
2111 N. Molter Road  
Address, Line 2 \* Country  
USA  
\* City USA  
Liberty Lake WA \* Zip/Postal Code  
99019

**Person at the above address to receive grant**

\* First Name \* Last Name  
jay holcomb

Title R&D Regulatory Manager	Mail Stop
* Telephone 509-891-3281	Extension
Fax 509-891-3896	* E-Mail Address jay.holcomb@itron.com

### Change Grant Receiver

You may choose a different pre-defined grant receiver by selecting from the drop-down box.

holcomb, jay Itron, Inc.

If you wish to edit or to add a pre-defined grant receiver, please login to the customer account and navigate to **Predefine and Manage Grant Receivers**.

## Application Information

### Application Information

\* Application is for

- A. Original Equipment
- B. Class II permissive change or modification of presently authorized equipment

If A. or B. is checked, please enter the equipment product code portion of the FCC ID.

Grantee Code	Equipment Product Code
FCC ID = EO9	+ <input type="text" value="60W"/>

- C. Change in identification of presently authorized equipment

If C. is checked, please complete the fields below.  
Original FCC ID  Grant Date (MM/DD/YYYY)

\* 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 (d)(i)(ii)?  
 Yes  No

\* Does this application include a request to defer granting of this application pursuant to 47 CFR §0.459 (d)(i)(ii)?  
 Yes  No

If Yes, please specify the date when grant may be issued:

\* Was SAR testing performed?  
 Yes  No

**The answers to the following questions may require that you enter the FCC ID for a related application at the bottom of this section.**

\* Is the equipment in this application a composite device subject to more than one type of equipment authorization?  
 Yes  No

If Yes, is this for multiple transmitters within the same device?  
 Yes  No

\* Is the equipment in this application part of a system that operates with, or is marketed with another device that requires an equipment authorization?  
 Yes  No

If an FCC ID for a related application is required, you will be prompted to enter it here:

The related application:

- Has been filed at the same time as this application under the FCC ID above
- Was granted under the FCC ID above
- Is in the process of being filed under the FCC ID above

Is pending with the FCC under the FCC ID above

[update application information](#)

## Equipment Information

### Equipment Information

\* Description of Product  
AMR transceiver device for utility meters.  
(Max 50 characters)

[update equipment information](#)

## Equipment Specifications

### Equipment Specifications

#### Equipment Specification 1

Frequency Range (Low, High) 910 920 Rated RF Power Output and Unit 0.010 Watts C Please select Unit  
Frequency Tolerance (Value, Type) 45 ppm  
Emission Designator L1D Microprocessor Model Number MSP430

\* Equipment Code  
DSS - Part 15 Spread Spectrum Transmitter  
\* Equipment will be operated under FCC Rule Part  
15C

If you wish to enter additional specifications for subcomponents, enter the total number of equipment specifications required and then click the link to expand this form. The present data will be saved and spaces will be created for additional specifications.

Total Number of Specifications: 1 [\[ expand this form \]](#)

[update equipment specifications](#)

## Technical Contact

### Technical Contact Information

\* Firm Name  
Itron, Inc.  
\* First Name jay \* Last Name holcomb  
Title R&D Regulatory Manager E-Mail Address jay.holcomb@itron.com  
\* Address, Line 1 2111 N. Molter Road P.O. Box  
Address, Line 2  
\* City Liberty lake \* State WA \* Zip/Postal Code 99019  
\* Telephone 509-891-3281 Extension Fax 509-891-3896

### Change Technical Contact

You may choose a different pre-defined technical contact by selecting from the drop-down box.

holcomb, jay - Itron, Inc.

If you wish to edit or to add a pre-defined technical contact, please login to the customer account and navigate to **Predefine and Manage Technical Contacts**.

### Non-Technical Contact

#### Non-Technical Contact Information

\* Firm Name  
Itron, Inc.  
\* First Name      \* Last Name  
jay                holcomb  
Title              E-Mail Address  
R&D Regulatory Manag jay.holcomb@tron.com  
\* Address, Line 1      P.O. Box  
2111 N. Molter Road  
Address, Line 2      \* Country  
USA  
\* City      State      \* Zip/Postal Code  
Liberty Lake    WA      99019  
\* Telephone      Extension      Fax  
509-891-3281      509-891-3896

### Change Non-Technical Contact

You may choose a different pre-defined non-technical contact by selecting from the drop-down box.

holcomb, jay - Itron, Inc.

If you wish to edit or to add a pre-defined non-technical contact, please login to the customer account and navigate to **Predefine and Manage Non-Technical Contacts**.

### Test Firm

#### Test Firm Information (predefined)

\* Firm Name  
Itron, Inc.  
\* Address, Line 1      P.O. Box  
2401 N. State St.  
Address, Line 2      \* Country  
USA  
\* City      State      \* Zip/Postal Code  
Waseca      MN      56093

**NOTE:** You will be required to provide contact person information for this test firm when submitting forms.

### Change Test Firm and Contact

You may choose a different on-file or pre-defined test firm by selecting from the drop-down boxes.

**On file in the CKC CS database:**      Please select a test firm

**Pre-defined for Customer Account:**      Itron, Inc.

If you wish to edit or to add an on file test firm, please navigate to the **CKC CS Main page** and *Manage Onfile Test Firms*.

If you wish to edit or to add a pre-defined test firm, please login to the customer account and navigate to **Predefine and Manage Test Firms**.

#### Test Firm Contact Information

**NOTE:** This information is required for both options

\* Contact Person's First Name \* Contact Person's Last Name

jay holcomb

\* Telephone Extension

509-891-3281

Fax E-Mail Address

509-891-3896 jay.holcomb@itron.com

Accreditation Agency If other, enter facility

OTHER itron

\* ISO Guide 17025, or equivalent  Yes  No

Certificate Number Certificate Expiration

90716 - FCC 03/19/2011

[change test firm and contact](#)

#### Section 5301 Certification

##### 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

#### Applicant/Agent Certification

##### 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.

By checking this box, the applicant agrees to the terms and conditions set forth in the CKC CS General Agreement for certification under each entity under which certification is sought. Applicant acknowledges that they understand and agree to comply with the terms and conditions of the CKC CS General Agreement. By signing this form, the user acknowledges that they are signing on behalf of the applicant requesting certification, and the user has legal authority to sign on behalf of the applicant. User also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant if so requested.

For Agents: By signing this form as an agent on behalf of an applicant, the user acknowledges that they have been legally delegated the authority to act on behalf of the applicant and that the applicant has been provided with a copy of all terms and conditions pursuant to certification under the requested entities. Agent also agrees to provide CKC CS with evidence that legal authority has been delegated on behalf of the applicant.

\* I Certify and Agree with the Terms and Conditions

#### Signature and Contact Information of Authorized Person Filing

First Name Last Name

jay holcomb

Title

R&D regulatory manager

Telephone Extension

509-891-3281

E-Mail Address Fax

jay.holcomb@itron.com

509-891-3896

**Complete the items below if an agent signs the application.**

Firm Name

Address, Line 1  
 P.O. Box

Address, Line 2  
 Country

City  
 State  
 Zip/Postal Code

First Name  
 Last Name  
 Extension

Telephone  
 E-Mail Address