

Application E09-000117-FCC is listed below.

Applicant/Manufacturer

Applicant/Manufacturer Information

* Complete, Legal Business Name

Diebold Incorporated

* Address, Line 1

5995 Mayfair Rd.

Address, Line 2

P.O. Box

3201

* Country

USA

* City

North Canton

State

OH

* Zip/Postal Code

44720

* FCC Grantee Code

FQ3

* FCC/CORES FRN (FCC Registration Number)

0006788624

* Industry Canada Company Number

N/A

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

Neil

* Last Name

Gromley

Title

Mail Stop

Manager, Electronic Sy:

E-54

* Telephone

Extension

330-489-4237

None

* Fax

* E-Mail Address

330-489-4155

Neil.Gromley@diebold.i

Change Applicant/Manufacturer

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

Diebold Incorporated

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**.

change applicant/manufacturer

Grant Receiver

Grant Receiver Information

* Firm Name

Diebold Incorporated

* Address, Line 1

5995 Mayfair Rd.

Address, Line 2

P.O. Box

3201

* Country

USA

* City

North Canton

State

OH

* Zip/Postal Code

44720

Person at the above address to receive grant

* First Name

Edward

* Last Name

Ujhazy

Title Electrical Engineer	Mail Stop E-54
* Telephone 330-489-4136	Extension None
Fax 330-489-4155	* E-Mail Address Edward.ujhazy@diebok

Change Grant Receiver

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

Ujhazy, Edward Diebold Incorporated

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**.

[change grant receiver](#)

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 = FQ3	+ 41020285

- 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

RFID device oper at 13.56 MHz, read/trans data
(Max 50 characters)

[update equipment information](#)

Equipment Specifications

Equipment Specifications

Equipment Specification 1

Frequency Range (Low, High)	13.56	13.56	Rated RF Power Output and Unit	.1	Watts ERP
Frequency Tolerance (Value, Type)	0.01	%			
Emission Designator	H		Micropocessor Model Number	TI MSP430FG437	

* Equipment Code

DSC - Part 15 Security/Remote Control 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: [\[expand this form \]](#)

[update equipment specifications](#)

Technical Contact

Technical Contact Information

* Firm Name

Diebold Incorporated

* First Name

Edward

* Last Name

Unhazy

Title

Electronic Systems Eng

E-Mail Address

Edward.ujhazy@diebol

* Address, Line 1

P.O. Box

5995 Mayfair Road

3201

Address, Line 2

* Country

USA

* City

* Zip/Postal Code

North Canton

OH

44720

* Telephone

Extension

Fax

330-489-4136

None

330-489-4155

Change Technical Contact

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

Unhazy, Edward - Diebold Incorporated

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**.

[change technical contact](#)

Non-Technical Contact

Non-Technical Contact Information

* Firm Name	Diebold Incorporated
* First Name	Edward
Title	Electrical Engineer
* Address, Line 1	5995 Mayfair Rd.
Address, Line 2	
* City	North Canton
State	OH
* Telephone	330-489-4237
Extension	None
Fax	330-489-4155
* Last Name	Ujhazy
E-Mail Address	Edward.ujhazy@diebold.com
P.O. Box	3201
* Country	USA
* Zip/Postal Code	44720

Change Non-Technical Contact

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

Ujhazy, Edward - Diebold Incorporated

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**.

[change non-technical contact](#)

Test Firm

Test Firm Information (predefined)

* Firm Name	F-Squared Laboratories
* Address, Line 1	16740 Peters Road
Address, Line 2	
* City	Middlefield
State	OH
P.O. Box	
* Country	United States
* Zip/Postal Code	44062

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: F-Squared Laboratories

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

Karen Whipkey

* Telephone Extension

440-632-5541 200

Fax E-Mail Address

440-632-5542 kwhipkey@f2labs.com

Accreditation Agency If other, enter facility

A2LA

* ISO Guide 17025, or equivalent Yes No

Certificate Number Certificate Expiration

0793.02 10/31/2009

[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

undefined undefined

Title

undefined

Telephone Extension

undefined undefined

E-Mail Address Fax

undefined

undefined

Complete the items below if an agent signs the application.

Firm Name

undefined

Address, Line 1

undefined

Address, Line 2

undefined

City

undefined

State

un

P.O. Box

undefined

Country

undefined

Zip/Postal Code

undefined

First Name

undefined

Last Name

undefined

Telephone

undefined

Extension

undefined

Fax

undefined

E-Mail Address

undefined