



APPLICATION FOR EQUIPMENT AUTHORIZATION

AmericanTCB, Inc.
6731 Whittier Avenue
McLean, VA 22101

Ph: (703) 847-4700 FAX: (703) 847-6888

Support@AmericanTCB.com

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name

Cirronet, Inc.

2. Applicant's mailing address (Line 1)

3079 Premiere Parkway

FRN Number

0005796396

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

City
Duluth

Engineer:

Examiner:

State or Country (if foreign address)

Georgia

ZIP/Postal Code

30097

3. FCC ID:

(a) Grantee Code

H	S	W
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(b) Equipment Product Code

(14 characters maximum)

Z2430

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

Mark Tucker, VP, Engineering

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

1-678-684-2000

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

1-678-684-2001

(c) Internet e-mail address: mtucker@cirronet.com

SECTION II – CONTACT INFORMATION

1.(a) Instead of Applicant, original Grant shall be mailed to:

Firm Name, US Tech
Number,street, 3505 Francis Circle
City, Alpharetta
State/Country, Georgia, USA
ZIP/Postal Code 30004

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: Sandi McEnergy, Manager

2.(a) Technical contact:

Firm Name, US Tech
Contact person, Stephen Sawyer
Number, street, 3505 Francis Circle
City, Alpharetta
State/Country, Georgia
ZIP/Postal code 30004

(b) Telephone No. (Area/Country/City code, No. and Ext.)
(770) 740-0717

(c) FAX No. (Area/Country/City code, and No.)
(770) 740-1508

(d) Internet e-mail address: ssawyer@ustech-lab.com

(e) NonTechnical contact:

Firm Name, US Tech
Contact person, Stephen Sawyer
Number, street, Same
City, Same
State/Country, Same
ZIP/Postal code Same

(f) Telephone No. (Area/Country/City code, No. and Ext.)
Same as above

(g) FAX No. (Area/Country/City code, and No.)
Same as above

(h) Internet e-mail address: same



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SECTION III –EQUIPMENT AUTHORIZATION SUMMARY

1. **Confidentiality** Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? Yes No

2. **Defer** Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) **NOT APPLICABLE**

3. **Type of equipment authorization requested:** Certification

4.(a) Equipment Code and description: Equipment will be operated under FCC Rule Part(1):
CFR Part 15, Subparts B & C

<small>Wireless LAN</small>	D	S	S	Spread Spectrum Transmitter
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5. Application is for (Check one box only)

<input checked="" type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change of modified of presently authorized equipment
Original FCC ID		Grant date

6. **Equipment Specifications:**

(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) Microproc num
2405 – 2475	0.000615	N/A	N/A	

7. **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

8. (a) **Additional type of equipment authorization required:** Certification Notification

(b) The related application checked in item 7.(a) (Check one box only)

<input type="checkbox"/> has been filed at the same time as this application under the FCC ID listed below	<input type="checkbox"/> has been granted under the FCC ID below	<input type="checkbox"/> is in the process of being filed under the FCC ID listed below	<input type="checkbox"/> is pending with under the FCC ID listed below
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FCC ID: HSWZ2430

9.(a) **Name of test firm on file with the FCC**, if different from applicant or contact person: United States Technologies Inc.

(b) Mailing address: Number, street, City,	3505 Francis Circle Alpharetta,	(c) Telephone No. (Area/Country/City code, No. 770-740-0717
State/Country ZIP/Postal code	GA USA 30004	(d) FAX No. (Area/Country/City code, and No.) 770-740-1508
(e) Internet e-mail address: ssawyer@ustech-lab.com		



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SECTION 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).

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.

02/15/08

Original written signature of authorized signer

Date (Month, Day, Year)

Agent

Sandi McEnergy

Typed/printed name of authorized signer

Title of authorized signer Manager

Complete items below if an agent signs the application,

(b) Mailing address: Number, street, City, State/Country ZIP/Postal code	US Tech 3505 Francis Circle Alpharetta Georgia 30004	(c) Telephone No. (Area/Country/City code, No. and Ext.) (770) 740-0717
		(d) FAX No. (Area/Country/City code, and No.) (770) 740-1508
(e) Internet e-mail address: smcenergy@ustech-lab.com		