



SPECTRUM RESEARCH & TESTING LABORATORY, INC.

15200 Shady Grove Road, Suite 350

Rockville, Maryland 20850

Tel: (301) 670-2818 • Fax: (301) 963-8573

92676

Date: Jan. 22, 1999

Exhibit 13

Federal Communications Commission
Linda Elliott/ Legal Instruments Examiner
Applications Processing Branch
7435 Oakland Mills Road
Columbia, MD 21046

AC/LE 1/26/99
TR/JD 12/24/98

Dear Ms. Elliott:

Enclosed are amended Form 731 to include a frequency for

FCC ID: N98966LCD
Confirmation #EA92676

Reference #5380

Sincerely,


Annie Liu

JAN 26 1 34 PM '99
FCC LABORATORY

SECTION IV - Enter FCC ID from Page 1, Section I ▶ **FCC ID#N98966LCD**

1 (a) Instead of Applicant, FCC is authorized to mail original Grant to: *(See instructions)*
 Firm name, **Spectrum Research & Testing Lab. Inc.**
 number, street, **15200 Shady Grove Road**
 City, State/Country, **Suite 350**
 ZIP/Postal Code **Rockville, MD 20850**

(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)*
Johnson Ho / Diector

2.(a) Technical contact: Firm name, Spectrum Research & Testing Lab. contact person, 15200 Shady Grove Road number, street, Suite 350 City, State/Country, Rockville, MD 20850 ZIP/Postal Code	(b) Telephone No. (Area/Country/City code, No and Ext.) (301) 670-2818 (c) FAX No. (Area/Country/City code and No.) (301) 963-8573
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(d) Internet e-mail address: **srtlab@aol.com**

(e) Non-Technical contact: Firm name, Spectrum Research & Testing Lab. contact person, 15200 Shady Grove Road number, street, Suite 350 City, State/Country, Rockville, MD 20850 ZIP/Postal Code	(f) Telephone No. (Area/Country/City code, No and Ext.) (301) 670-2818 (g) FAX No. (Area/Country/City code and No.) (301) 963-8573
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(h) Internet e-mail address: **srtlab@aol.com**

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: <i>(See instructions, page 4)</i> <div style="border: 1px solid black; display: inline-block; padding: 2px;">E T S</div> Cordless Telephone	(b) Equipment will be operated under FCC Rule Part(s): FCC Part 15(Subject B)
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7. Application is for: (Check one box only)

<input checked="" type="checkbox"/> 1. Original equipment <i>(See instructions)</i>	<input type="checkbox"/> 2. Change in identification of presently authorized equipment <div style="border-top: 1px solid black; margin-top: 10px; display: flex; justify-content: space-between;"> ORIGINAL FCC ID Grant date </div>	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment <i>(See instructions)</i>
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8 EQUIPMENT SPECIFICATIONS: <i>(See instructions)</i>				
(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance % Hz ppm	(d) Emission designator <i>(See 47 CFR §2.201 and §2.202)</i>	(e) Microprocessor model number
HANDSET 49.67-49.97MHz				
BASE 46.61-46.97MHz				

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)