

Bay Area Compliance Laboratory, Corp.  
Sunnyvale, CA 94085

## TCB Application Form 731

\* Shaded areas are required \*

For BACL Use Only	
Received date	
Reference #	
Completion date	
Note	

**Item 1. Applicants complete, legal business name:**

Novatel Wireless Technologies Ltd.

Applicants FCC Registration Number (FRN): 0007437106

**Item 2. Applicant's mailing address:**

Line 1: Suite 325, 6715-8<sup>th</sup> Street N.E.

Line 2:

P.O. Box:

City: Calgary

State: Alberta	Country (if foreign address): Canada	Zip/Postal Code: T2E 7H7
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**Item 3. Applicant Contact Person:**

First Name: Kevin Last Name: Goodfellow

Title: Head of Certification Engineering Telephone: +1 403 295 4875

E-mail: kgoodfellow@novatelwireless.com Fax No.: +1 403 295 4801

**Item 4. FCC ID** Grantee Code: NBZ Equipment Product Code (14 characters maximum): NRM-EU740

**Item 5. Test Firm Used to Take Measurements:**

Firm Name: Bay Area Compliance Laboratories Corp.

Telephone: 408 732 9162 Ext: 3055 Fax: No.: 408 732 9164

First Name: Samuil Middle Initial: Last Name: Lisinker

Address Line 1: 1274 Anvilwood Ave. P.O. Box:

Address Line 2: City: Sunnyvale State: CA

Country (if foreign address): Zip/Postal Code: 94089

E-mail: samuil.lisinker@baclcorp.com Telephone: 408 732 9162 x3055 Fax:

FCC Registered Test Site Number. Required for Part 15 and 18 applications. US0057

**Item 6. Application Contact:**

(Bypass this section, if your application contact is your test firm listed above. All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.)

Firm Name: Bay Area Compliance Laboratories Corp.

Telephone: 408 732 9162 Ext: 3038 Fax: No.: 408 732 9164

First Name: Douglas Middle Initial: Last Name: Mendez

Address Line 1: 1274 Anvilwood Ave. P.O. Box:

Address Line 2: City: Sunnyvale State: CA

Country (if foreign address): Zip/Postal Code: 94089

E-mail: douglas.mendez@baclcorp.com Telephone: 408 732 9162 Fax: 408 732 9164

**Item 7. Confidentiality**

\* Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004?

\* 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 Rules?

Short-term request:

Yes  No

Permanent request:

Yes  No

**Item 8. \*Is this application for modular approval?**  Yes  No

If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.

**Item 9. \*Is this application for software defined radio authorization?**  Yes  No

**Item 10. Equipment Class:** 3-digits required

**Description of Product as it is marketed:**

PCB 3G Wireless Module

**Item 11.** \*Application is for:

Original Equipment

Change in identification of presently authorized equipment:  
Original FCC ID: \_\_\_\_\_ Grant Date (MM/DD/YYYY): \_\_\_\_\_

Class II permissive change or modification of presently authorized equipment

Class III permissive change to software defined radio (Note: this may only be filed for applications pertaining to Software Defined Radio)

**Item 12. Is the equipment in this application:**

- \* (a) a composite device subject to an additional equipment authorization?
- \* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?

If either of the above questions is answered "Yes " complete section 12 (c).

Yes  No

Yes  No

(c) The related application:

- has been granted under the FCC ID listed to the right
- is in the process of being filed under the FCC ID listed to the right
- is pending with the FCC under the FCC ID listed to the right

FCC ID

**Item 13. \* Equipment will be operated under FCC Rule Part(s): 22 & 24**

**Item 14. EQUIPMENT SPECIFICATIONS:**

Frequency range in MHz		Rated RF power output IN WATTS	Frequency tolerance %, Hz or ppm		Emission Designator (See 47 CFR 2.201 and 2.202)	Microprocessor model number
Low Freq	High Freq	Value	ppm			
824.2	848.8	1.549	± 0.1	ppm	316KGXW (GPRS 850)	
824.2	848.8	1.175	± 0.1	ppm	311KG7W (EDGE 850)	
1850.2	1909.8	0.792	± 0.1	ppm	316KGXW (GPRS 1900)	
1850.2	1909.8	0.826	± 0.1	ppm	319KG7W (EDGE 1900)	

**Read each certification carefully before answering and signing this application.**

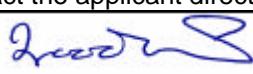
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503).

**Item 15. 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 TCB, under the authority of 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.

**\*Signature of Authorized Applicant:** 

**Title of Authorized Signature:** Head of Certification Engineering

NOTE: An asterisk \*\* preceding a field indicates it must be completed.