

FEDERAL COMMUNICATIONS COMMISSION – FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION			
Applicant's complete, legal business name: Wireless Link			
Applicant's mail address: Line 1: 1909 Milmont Drive Line 2: P.O. Box: City: Milpitas State: CA Country(if foreign address): USA Zip/Postal Code: 95035			
FCC ID: Grantee code: NJI Equipment Product Code (14 characters maximum): FW8100			
Person at the applicant's address to receive grant or for contact First Name: Eric Mail Stop: Last Name: Maxon Line 1: 1909 Milmont Drive P.O. Box: Line 2: City: Milpitas State: CA Country (if foreign address): Zip/Postal Code: 95035 Telephone: 650/719-1100 Ext: Fax No: 650/719-9646 Title: Email : eric@wireless-link.com			
Instead of Applicant, TCB is authorized to mail original Grant to: Firm Name: Intertek Testing Services First Name: David Last Name: Chernomordik Title: EMC Site Manager Mail Stop:			
Item 6: Technical Contact: Firm Name: Intertek Testing Services Telephone: (650) 463-2900 Ext: 2918 Fax No: (650) 463-2910 First Name: David Middle Initial: Last Name: Chernomordik Line 1: 1365 Adams Court P.O. Box: Line 2: City: Menlo Park State: CA Country (if foreign address): USA Zip/Postal Code: 94025 Email : DCernom@itsqs.com			
Item 7: Non-Technical Contact: Firm Name: Intertek Testing Services Telephone: (650) 463-2900 Ext: 2909 Fax No: (650) 463-2910 First Name: Stephenie Middle Initial: J Last Name: Smith Line 1: 1365 Adams Court P.O. Box: Line 2: City: Menlo Park State: CA Country (if foreign address): USA Zip/Postal Code: 94025 Email : STSmith@itsqs.com			
Item 8: 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? If "Yes" see instructions.		☒ Yes ☐ No	
Item 9: Does the applicant request that the Commission defer grant of this application pursuant 47 CFR 0.457(d)(1)(ii)? (See instruction)		☐ Yes ☒ No	
If so, specify date when grant may issued (MM?DD?YYYY) format:			
Item 10: Equipment Code: TNB Equipment will be operated under FCC Rule Part(s): 2,15, Description of Product as it is Marketed: Fixed Wireless Cellular Desktop Phone			

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**Item 12: Equipment Specifications:**

Frequency range in MHz	Rated RF power output in watts	Frequency tolerance	Emission designator	Microprocessor Model number
824.04 848.97	.436	2.09 ppm	4Ok0F8W	
824.04 848.97	3.0	2.09 ppm	3OK0DXW	
		%		

Item 13: Is the equipment in this application

(a) a composite device subject to an additional 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 section 13(c).*

(c) The related application:

☐ has filed at same time as this application under the FCC ID listed to the right.☐ 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 14. Name of the test firm and contact person on the file with the FCC, if different from applicant or contact person:

Firm Name: Intertek Testing Services

First Name: David

Telephone: (650) 463-2900

Ext: 2918

Last Name: Chernomordik

Fax No.: (650) 463-2910

Email: DChernom@itsqs.com

Read each certification carefully before answering and signing this application

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

Item 15. SECTION 5031 (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**Item 16. 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 continue to comply with the FCC's technical requirement.

Authorizing an agent to sign this application is done solely at 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 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 Person Filing: David Chernomordik	Title of Authorized Signature: EMC Site Manager
Complete items below if an agent signs the application Firm Name: Intertek Testing Services Telephone: (650) 463-2900 Ext: 2918 Fax No: (650) 463-2910 First Name: David Middle Initial: Last Name: Chernomordik Line 1: 1365 Adams Court P.O. Box: Line 2: City: Menlo Park State: CA Country (if foreign address): USA Zip/Postal Code: 94025 Email : DChernom@itsqs.com	