BABT PRODUCT SERVICE TCB

TCB FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For TCB use only

SECTION I - *ALL ITEMS IN THIS SECTION MUST BE COMPLETED*

1. Applicant's complete, legal business name
Phoenix International

☐ Check here if this is a change in name and/or address not previously reported (See 47 CFR §2.934)

2. Applicant's mailing address (Line 1)
1441 44th Street NW

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

City
Fargo

State or Country (if foreign address)
Ø)
North Dakota

ZIP/Postal Code
58102

TCB Use Only
Equipment Code:
Engineer:
Examiner:

3. FCC ID: (a) Grantee Code N T V (b) Equipment Product Code (14 characters maximum, show zeros as Ø) –JDGT-0001

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (***See instructions***)
Ahmad Mahin Fallah – Sr. EMC Engineer

5.(a) Telephone No. (Area/Country/City code, No. and Ext.)
701-277-6322

(b) FAX No. (Area/Country/City code and No.)
701-277-6206

(c) Internet e-mail address:

SECTION II - See Request for Quotation for Fees.

Check Column (A) for the applicable service. Enter in Column (B) the Fee.

(A)		(B) FEE DUE FOR COLUMN (A)	FOR TCB USE ONLY
☐	CONFIDENTUALITY	$	
X	TRANSMITTERS & TRANSCEIVERS	$ 995.00	
☐	RECEIVERS	$	
☐	CLASS II PERMISSIVE CHANGE	$	
☐	PAPER FILING FOR LICENSED AND UNLICENSED DEVICES	$	

Add amounts shown in column B and enter the total here. This amount should equal your remittance. →

TOTAL AMOUNT REMITTED: $ 995.00

FOR TCB USE ONLY

SECTION III

1.(a) Instead of Applicant, TCB is authorized to mail original Grant to: (See instructions)

Firm name,
Number, street,
City, State/Country,
ZIP/Postal Code

N/A

(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.)

2.(a) Technical contact: Joel T. Schneider Firm name, TÜV Product Service Inc Contact person, 19333 Wild Mountain Road Number, street, Taylors Falls MN 55084-1786 City, State/Country, ZIP/Postal Code	(b) Telephone No. (Area/Country/City code, No. and Ext.) (651) 583-3322 (c) FAX No. (Area/Country/City code and No.) (651) 638-0298
(d) Internet e-mail address: jschneider@tuvps.com	
(e) Non-Technical contact: Firm name, Susan Becker Contact person, 19333 Wild Mountain Road Number, street, Taylors Falls MN 55084-1786 City, State/Country, ZIP/Postal Code	(f) Telephone No. (Area/Country/City code, No. and Ext.) (651) 583-3322 (g) FAX No. (Area/Country/City code and No.) (651) 638-0298
(h) Internet e-mail address: sbecker@tuvps.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.(a) Equipment Code and description: **(Click here for codes)** TNB – Licensed Non-Broadcast Transmitter	(b) Equipment will be operated under FCC Rule Part(s): FCC Part 90, Subpart C

6. Application is for: (Check one box only)

☒ 1. Original equipment *(See instructions)*

☐ 2. Change in identification of presently authorized equipment

ORIGINAL FCC ID _____ Grant date _____

☐ 3. Class II permissive change or modification of presently authorized equipment *(See instructions)*

7. EQUIPMENT SPECIFICATIONS: *(See instructions)*

(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) Microprocessor model number
450 – 470 MHz	4.0 Watts	Limit: 2.5 PPM Measured: 0.89 PPM	19K6F1D	N/A

8. Is the equipment in this application:

(a) a composite device subject to an additional 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 9.(a) and (b). *(See instructions)*

SECTION III (continued

9.(a) Additional type of equipment authorization required:
N/A

(b) The related application checked in item 9.(a) (Check one box only)

☐ has been filed at the same time as this application under the FCC ID listed below	☐ has been granted under the FCC ID listed below	☐ is in the process of being filed under the FCC ID listed below	☐ is pending with the TCB under the FCC ID listed below

FCC ID

10.(a) Name of test firm on file with the FCC, if different from applicant or contact person:
TÜV PRODUCT SERVICE INC

(b) Mailing address, number, street, City, State/Country, ZIP/Postal Code	19333 Wild Mountain Road Taylors Falls MN 55084-1786	(c) Telephone No. (Area/Country/City code, No. and Ext.) (651) 583-3322
		(d) FAX No. (Area/Country/City code and No.) (651) 638-0298

(e) Internet e-mail address: jschneider@tuvps.com

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,

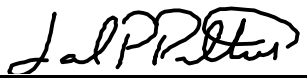
1. **SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:**
The applicant must certify that neither the applicant nor any party to the application is subject to a denial of Federal benefits, that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. §862 because of a conviction 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? [X] 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 correc to the best of my knowledge and belief. In accepting a Grant of Equipment Authorization issued by the TCB 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 TCB'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 TCB upon request, and that the TCB reserves the right to contact the applicant directly at any time.



Signature of authorized person filing

August 28, 2000
Date (Month, Day, Year)

Minnesota EMC Manager
Title of authorized person

▼ Complete items below if an agent signs the application.

(b) Agent's business name: TÜV PRODUCT SERVICE INC First Name, Middle Initial, Last Name: Joel P. Peltier number, street: 1775 Old Highway 8 NW #104 City, State/Country: New Brighton MN 55112-1891 ZIP/Postal:	(c) Telephone No. (Area/Country/City code, No. and Ext. (651) 583-3322
	(d) FAX No. (Area/Country/City code and No.) (651) 638-0298

(e) Internet e-mail address: jpeltier@tuvps.com