Bay Area Compliance Laboratories Corp.
1274 Anvilwood Ave.
Sunnyvale, CA 94089, USA

TCB Application Form 731

∗Shaded areas are required∗

For BACL Use Only	
Received Date	
Reference #	
Completion Date	
Note	

***Item 1. Applicant's complete, legal business name:**
IDX Company, Ltd.

Applicant's FCC Registration Number (**FRN**): 0021841044

***ITEM 2. APPLICANT'S MAILING ADDRESS:**

Line 1: 6-28-11 Shukugawara, Tama-ku, Kawasaki-shi Kanagawa-ken, Japan

Line 2:

P.O. Box:

City:

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

***ITEM 3. APPLICANT CONTACT PERSON:**

First Name: Yasushi	Last Name : Wada
Title: General Manager Software & System	Telephone: +81-(0)44-850-8831
E-mail: wada@idx.tv	Fax No.: +81-(0)44-850-8867

***Item 4. TCB Information:** TCB Application Email Address: bacl.regulatory@baclcorp.com
TCB Scope: A4 (A1,A2,A3,A4; B1,B2,B3,B4)

***Item 5. FCC ID** Grantee Code: **OFJ** Equipment Product Code (14 characters maximum): **CW-1-12061202**

***Item 6. Test Firm Used to Take Measurements:**

Firm Name: Bay Area Compliance Laboratories Corp. (Shenzhen)

Telephone: Ext:		Fax: No.:
First Name:	Middle Initial:	Last Name:
Address Line 1 :		P.O. Box:
Address Line 2:	City:	State:
Country (if foreign address): China		Zip/Postal Code:
E-mail: Jerry.zhang@baclcorp.com	Telephone:	Fax:

FCC Registered Test Site Number. Required for Part 15 and 18 applications. 273710

***Item 7. Application Contact:**
(Bypass this section if your application contact is the 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 item 6 application contact.)

Firm Name:

Telephone: Ext:		Fax: No.:
First Name:	Middle Initial:	Last Name:
Address Line 1:		P.O. Box:
Address Line 2:	City:	State:
Country (if foreign address):		Zip/Postal Code:
E-mail:	Telephone:	Fax:

***Item 8. Confidentiality**

* Does short-term confidentiality apply to this application? No
If so, specify the short-term confidentiality release date (MM/DD/YYYY):
Note: If no data is supplied, the release date will be set to 45 calendar days past the date of grant.
* 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
Long-Term request:
☒ Yes ☐ No

***Item 9. 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 10. Is this application for software defined radio authorization?** ☐ Yes ☒ No

***Item 11. Related OET Knowledge Data Base Inquiry**

Is there a KDB inquiry associated with this application? ☐ Yes ☒ No

***Item 12. Equipment Class:** 3-digits required	**Description of product as it is marketed:**
NII	HD Wireless Video Receiver

***Item 13. 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 14. 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 question (a) or (b) is answered "Yes", complete section 13 (c).	
(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 15. General Grant Comments:**

Output power listed is peak conducted. The antenna(s) used for this transmitter must be installed to provide a separation distance of at least 20 cm from all persons and must not be co-located or operating in conjunction with any other antenna or transmitter. Users and installers must be provided with antenna installation instructions and transmitter operating conditions for satisfying RF exposure compliance.

***Item 16. Equipment Specifications:**

Lower Frequency (MHz)	Upper Frequency (MHz)	RF Output Power (Watt)	Frequency Tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	Rule Parts	Grant Notes
			Value kHz	ppm			
5270	5310	0.06855				Part 15E	ND
5510	5550	0.03597				Part 15E	ND
5670	5670	0.03192				Part 15E	ND

***Item 17. Equipment Authorization \waiver:**

Is there an equipment authorization waiver associated with this application? ☐ Yes ☒ No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded? ☐ Yes ☒ No

WILLFUL FALSE STATEMENTS 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 CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

***Item 18: 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

***Item 19: Application/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:** Yasushi,Wada

和田 康志

Title of Authorized Signature: Manager

Complete items below if an agent signs the application:

Firm Name:				
First Name:		Middle Name:		Last Name:
Line 1:				
Line 2:				
P.O Box:	City:	State:	Country:	Zip Code:
Tel : Ext.		Fax:		E-mail:

*Item 20. Required Submission Exhibits: (please send with completed form)			
User's Manual…….	☒ Yes	☐ No, Reference Project	
Tech Manual…….	☐ Yes	☒ No, Reference Project	
Labeling Requirements…….	☒ Yes	☐ No, Reference Project	
Block Diagram(s)……...	☒ Yes	☐ No, Reference Project	
Schematic(s)…….	☒ Yes	☐ No, Reference Project	
Circuit Description……	☒ Yes	☐ No, Reference Project	
Antenna Information…….	☒ Yes	☐ No, Reference Project	
FCC Authorization Form……..	☒ Yes		
Confidentiality Justification Letter…..	☒ Yes	☐ NA	
PC II Description of Changes Letter…….	☐ Yes	☒ NA	
Parts List (Licensed Products) ……..	☒ Yes	☐ No, Reference Project	☐ NA
Tune-Up Procedure (Licensed Products)	☐ Yes	☒ No, Reference Project	☐ NA