



**M. Flom Associates, Inc. - Global Compliance Center**  
3356 North San Marcos Place, Suite 107, Chandler, Arizona 85225-7176  
www.mflom.com general@mflom.com (480) 926-3100, FAX: 926-3598

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<b>TOTAL PAGES:</b>	10	
<b>DATE:</b>	September 28, 1999	
<b>VIA FAX:</b>	1 301 344 2050	
<b>TO:</b>	Federal Communications Commission,	
<b>ATTENTION:</b>	Frank Coperich	
<b>APPLICANT:</b>	BIO-MEDICAL DEVICES, INC.	
<b>EQUIPMENT:</b>	FCC ID: OGQMOBILE2020	
<b>SUBJECT:</b>	EA94191 Your Corresp. 9078	

Frank:

We had advised the Applicant of the contents of your e-mail. They returned the E.U.T. for further testing.

In response to your request, attached please find:

1. Revised Form 731 with the change at Para. 6(b) that the operation be under Rule Part 90.217 as well as Para. 8(a) that the range be 169-172 MHz, and 8(d) to 80K0F3E.
2. Occupied Bandwidth and Transmitter Spurious Emissions Test Data to support this change are attached.

We trust the revisions are acceptable to the Commission.

If you require any further information, please contact the writer who is authorized to act as Agent.

Personal regards,



MORTON FLOM, P. Eng.

mf;mgf

encs.

cc: Applicant

cc: A2LA Corrective Action file

## SECTION IV - Enter FCC ID from Page 1, Section I ► OGO-MOBILE2020

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

Firm name, M. FLOM ASSOCIATES, INC.  
 number, street, 3356 N. San Marcos Place, Suite 107  
 City, State/Country, CHANDLER, ARIZONA, U.S.A.  
 ZIP/Postal Code 85225-1571

(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)

MORTON FLOM, P. Eng., President

2.(a) Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	M. FLOM ASSOCIATES, INC. MORTON FLOM, President 3356 No. San Marcos Place, #107 CHANDLER, ARIZONA, U.S.A. 85225 1571	(b) Telephone No. (Area/Country/City code, No. and Ext.) 480 926 3100
		(c) FAX No. (Area/Country/City code and No.) 480 926 3598
(d) Internet e-mail address:	www.mfлом.com	general@mfлом.com
(e) Non-Technical contact: Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code	M. FLOM ASSOCIATES, INC. MORTON FLOM, President 3356 No. San Marcos Place, #107 CHANDLER, ARIZONA, U.S.A. 85225 1571	(f) Telephone No. (Area/Country/City code, No. and Ext.) 480 926 3100
		(g) FAX No. (Area/Country/City code and No.) 480 926 3598

(h) Internet e-mail address: www.mfлом.com general@mfлом.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  No4. Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR §0.457(d)(1)(ii)? (See instructions)  Yes  No5. Type of equipment authorization requested: (check one box only)  Certification  Type Acceptance  Notification6.(a) Equipment Code and description: (See instructions, page 4) (b) Equipment will be operated under FCC Rule Part(s):  

T N T	Non-Broadcast Transmitter worn on body *Mobile Unit,	90.217
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7. Application is for: (Check one box only)
 

<input checked="" type="checkbox"/> 1. Original equipment (See instructions)	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change or modification of presently authorized equipment (See instructions)
ORIGINAL FCC ID		Grant date

8. 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
169-172	50mW	±50 ppm	80K0F3E	-

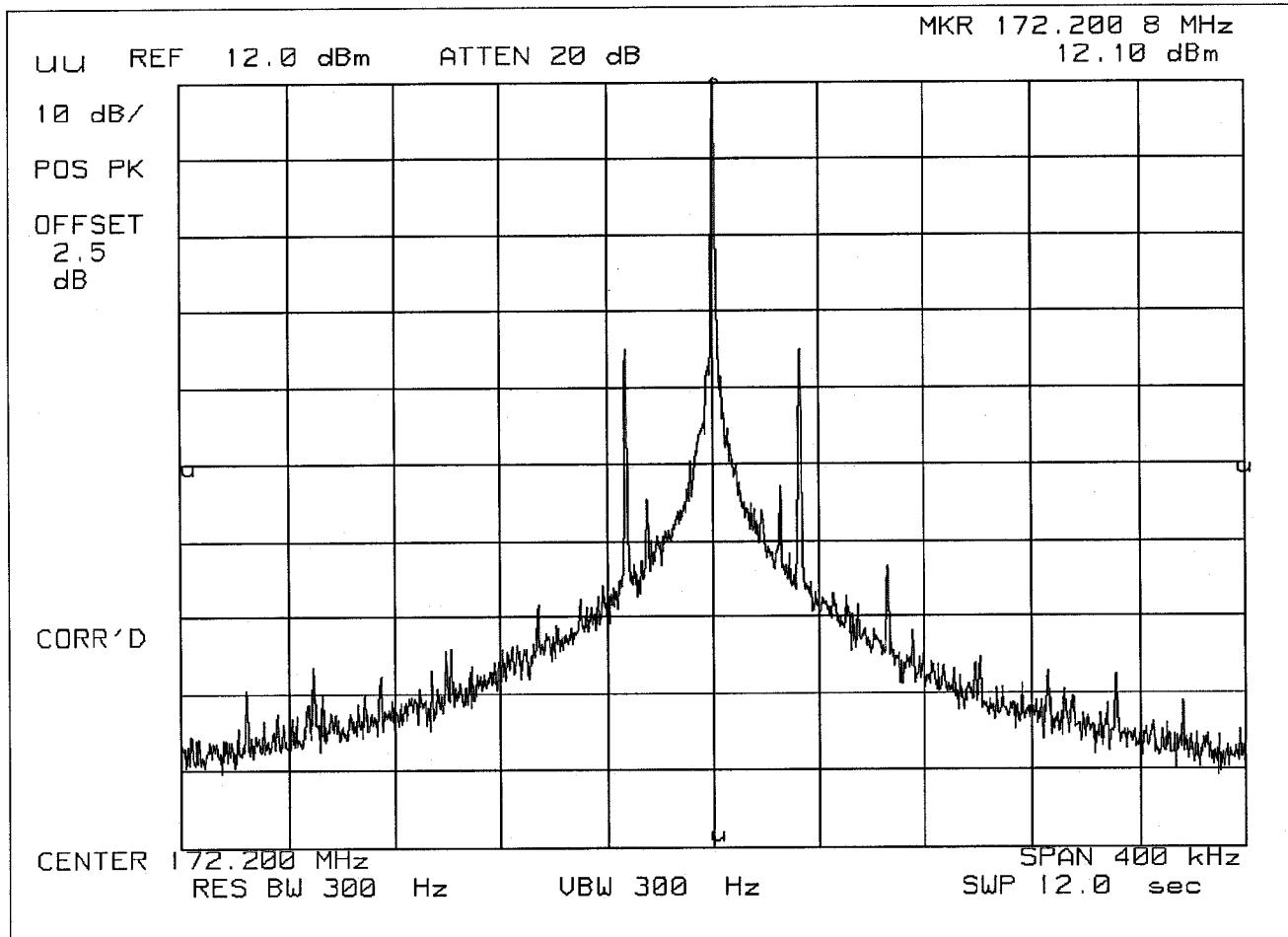
9. Is the equipment in this application:
 

(a) a composite device subject to more than one type of equipment authorization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

If either of the above questions is answered "Yes" complete items 10.(a) and (b). (See instructions)

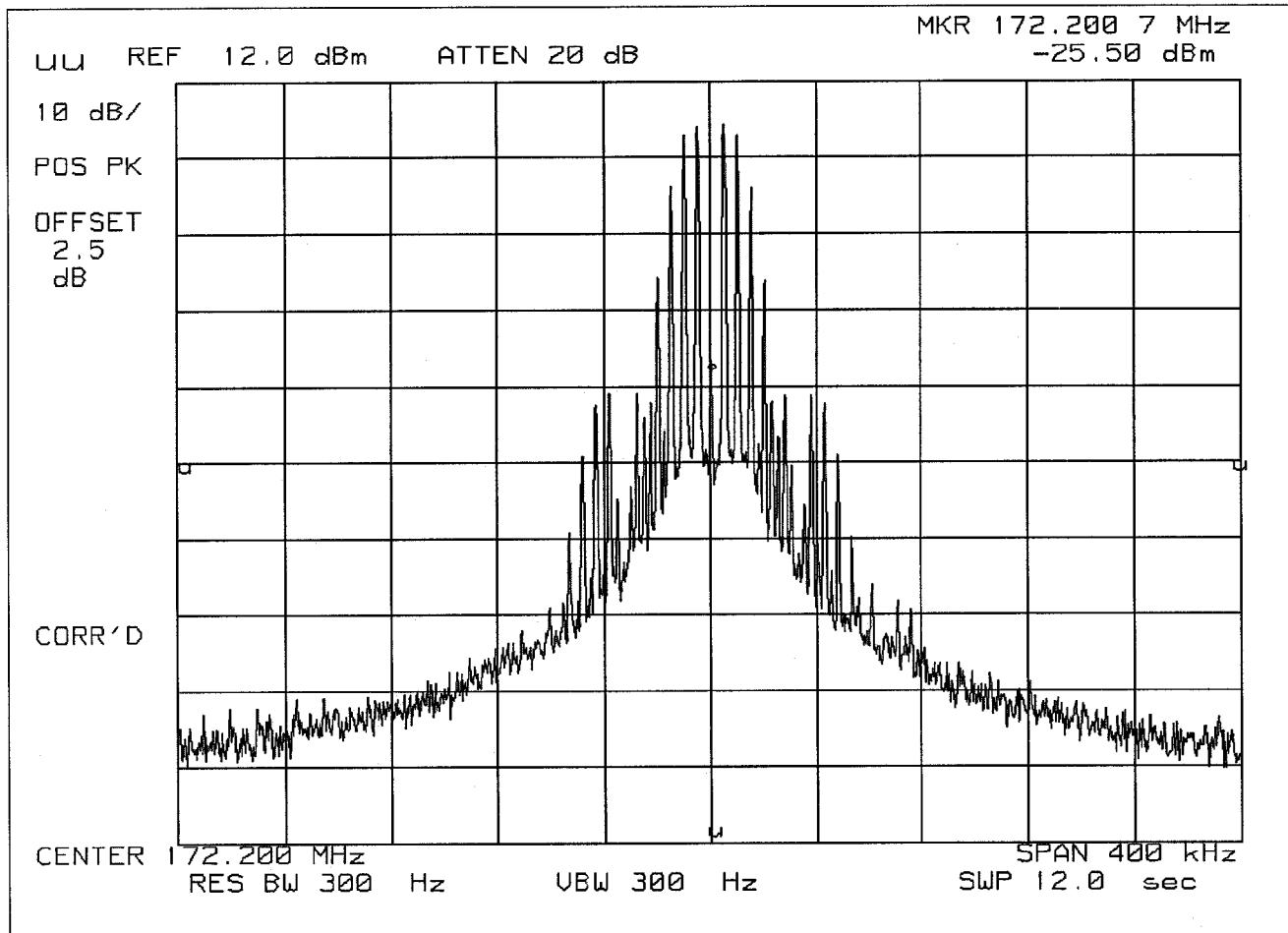
SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:20, MON

POWER: LOW  
MODULATION: NONE



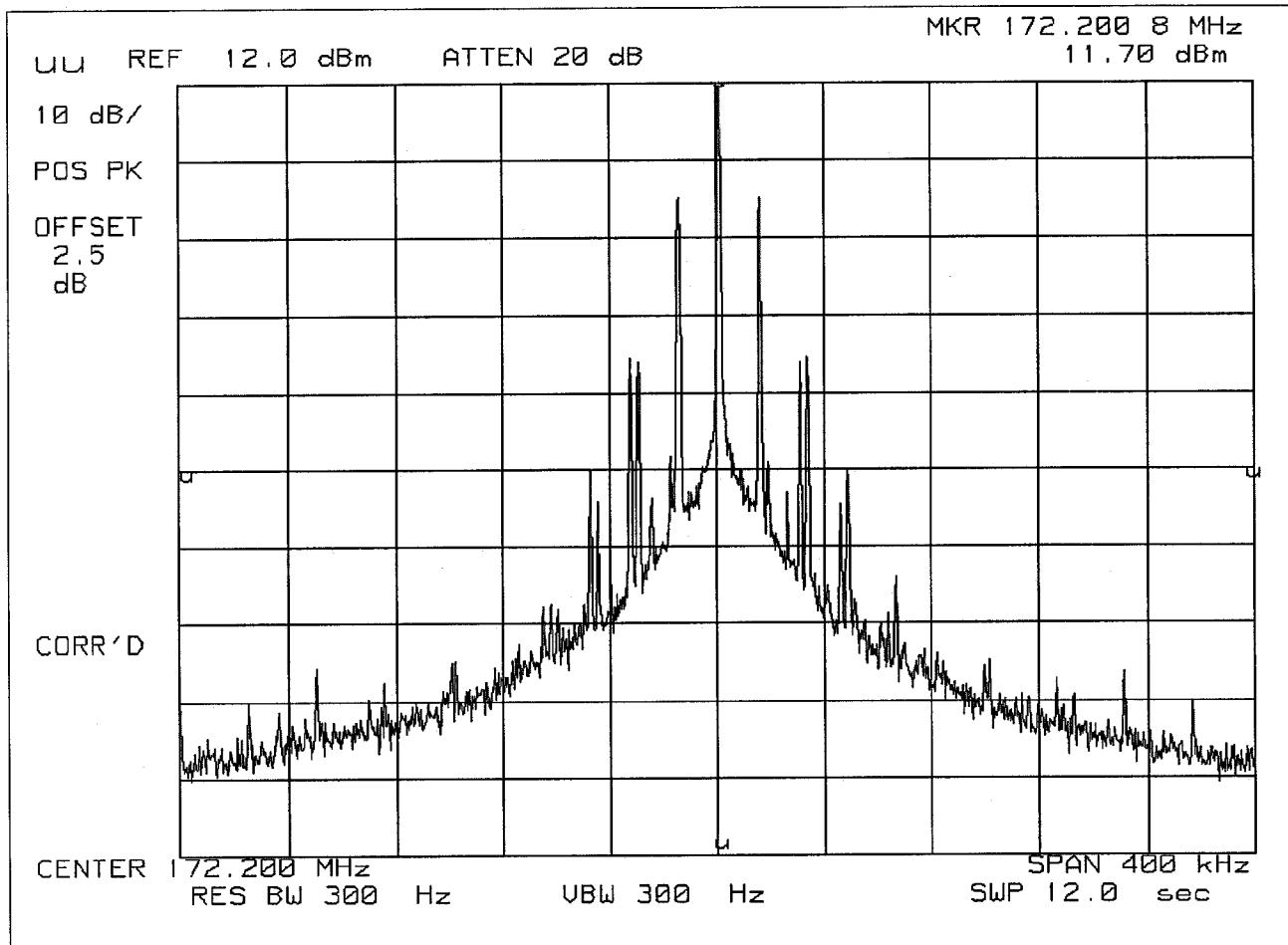
SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:30, MON

POWER: LOW  
MODULATION: 5 KHZ 20 DB ABOVE REFERENCE LEVEL



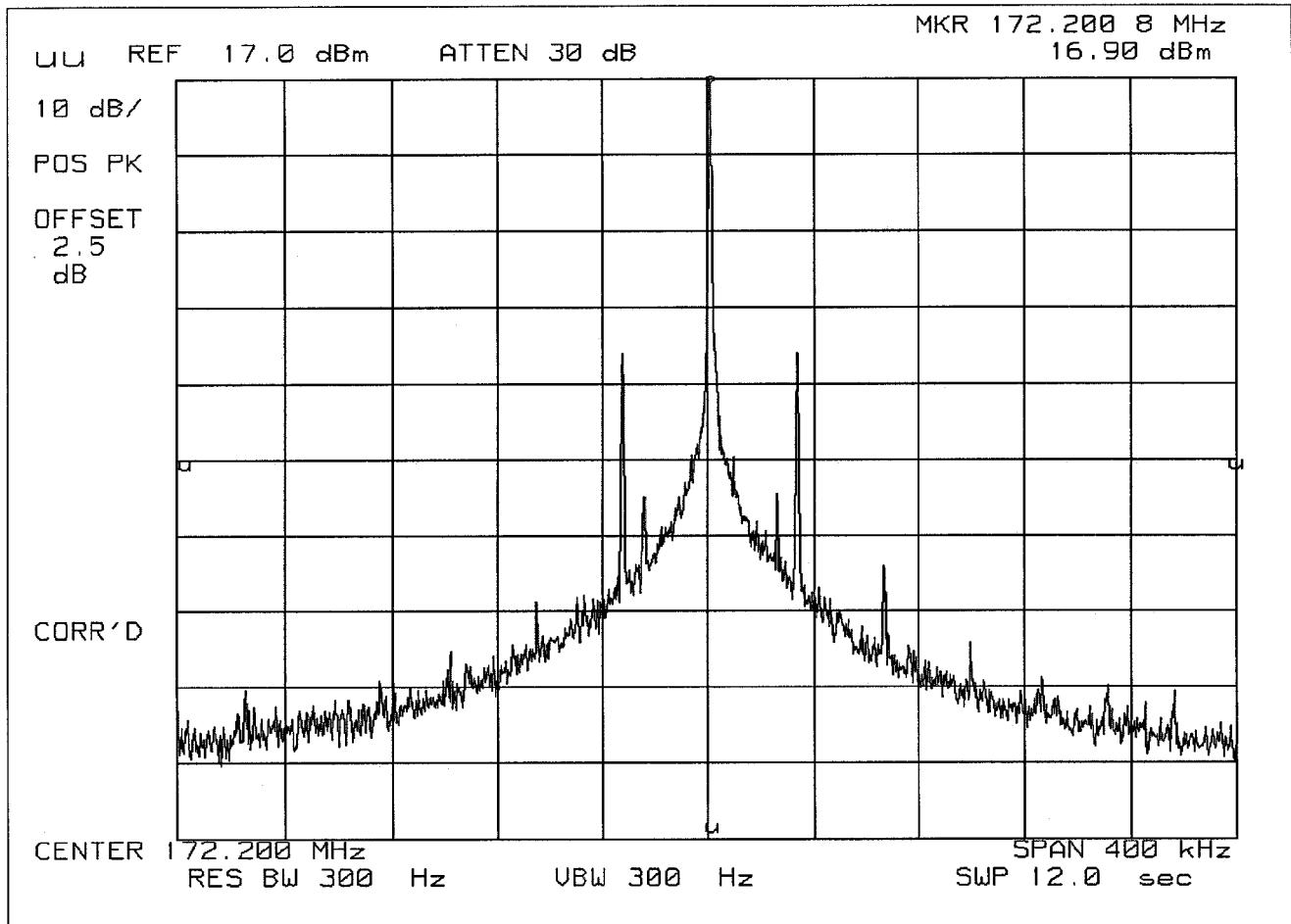
SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:24, MON

POWER: LOW  
MODULATION: 15 KHZ 20 DB ABOVE REFERENCE LEVEL



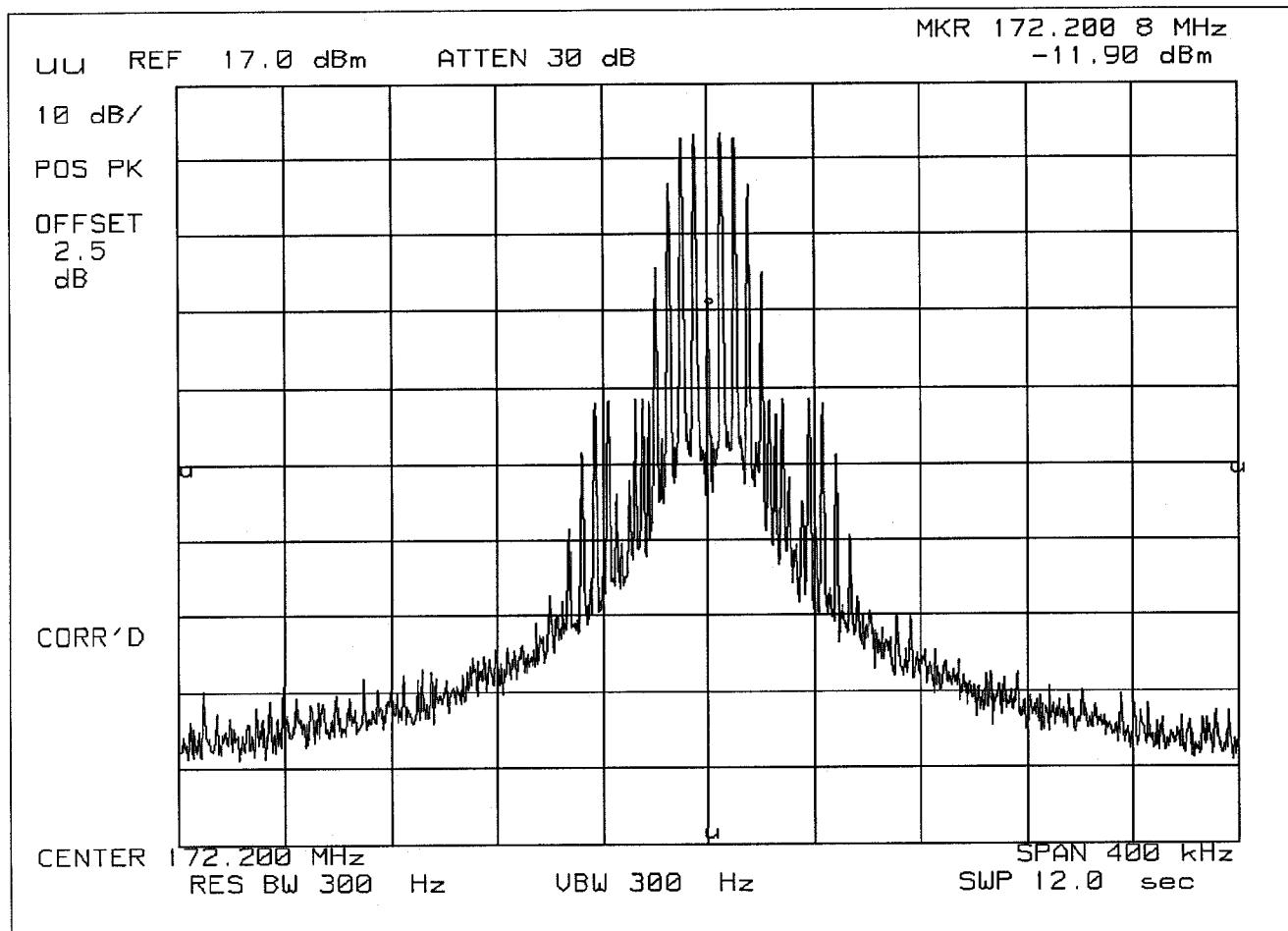
SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:13, MON

POWER: HIGH  
MODULATION: NONE



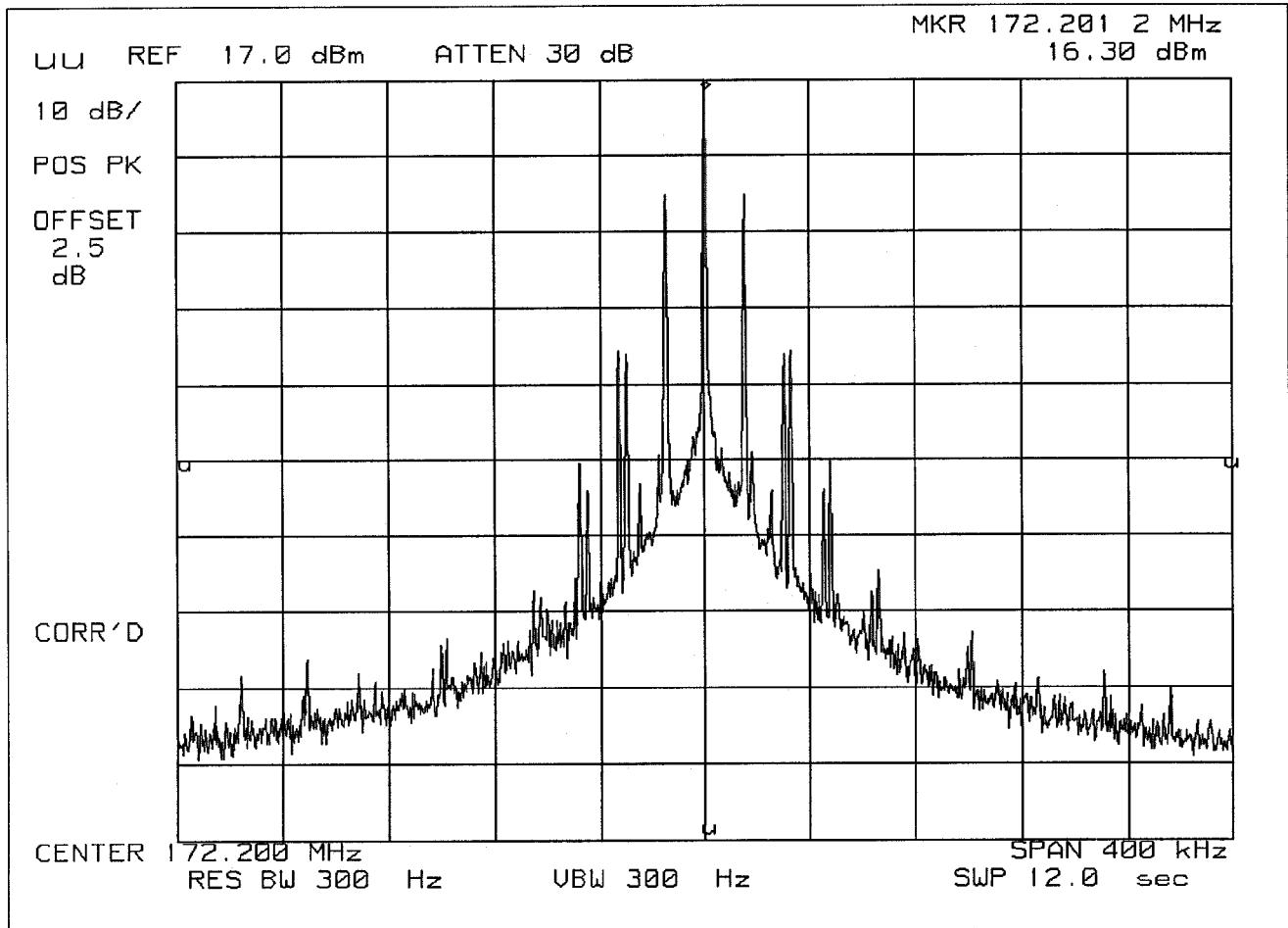
SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:27, MON

POWER: HIGH  
MODULATION: 5 KHZ 20 DB ABOVE REFERENCE LEVEL



SPECTRUM ANALYZER PRESENTATION  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-27, 15:26, MON

POWER: HIGH  
MODULATION: 15 KHZ 20 DB ABOVE REFERENCE LEVEL



EMISSIONS (TX3)  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-03, 11:05, FRI

TUNED MHz	EMISSION MHz	LEVEL dBuV/m @m	C.F. dB	CALC. dBuV/m @m	ERP dBm	FLAG
172.200	172.195000	75.9	3	15.7	91.6	3
					-5.8	PR

EMISSIONS (TX1)  
BIO-MEDICAL, MOBILE UNIT 2020  
1999-SEP-03, 11:23, FRI

TUNED MHz	EMISSION MHz	LEVEL dBuV/m	@m	C.F. dB	CALC. dBuV/m	@m	ERP dBm	FLAG
172.200	344.398000	25.9	3	20.9	46.8	3	-50.6	P-
172.200	516.601000	38.3	3	5.9	44.2	3	-53.1	P-
172.200	688.803000	36.5	3	28.3	64.8	3	-32.6	P-
172.200	860.966000	31.3	3	30.1	61.4	3	-36.0	P-
172.200	1033.183000	27.5	3	32.3	59.7	3	-37.7	PR
172.200	1205.408000	24.0	3	34.4	58.4	3	-39.0	PR
172.200	1377.603000	21.3	3	36.3	57.6	3	-39.8	PR
172.200	1549.811000	10.8	3	38.0	48.8	3	-48.6	PR
172.200	1722.006000	10.2	3	39.6	49.8	3	-47.6	PR