FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB
3060-0057

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

For FCC use only

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

1. Applicant's complete, legal business name
Applied Wireless Identificaiton Group, Inc.

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

2. Applicant's mailing address (Line 1)
382 Route 59, Section 292

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

City
Monsey

State or Country (if foreign address)
NY

ZIP/Postal Code
10592

Bureau Use Only
Equipment Code:
Engineer:
Examiner:

3. FCC ID:
(a) Grantee Code
O G S

(b) Equipment Product Code
(14 characters maximum, show zeros as Ø)
SP6820

4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: *(See instructions)*
Donny Lee, President

5. (a) Telephone No. (Area/Country/City Code, No. and Ext.)
(914) 369-8800

(b) FAX No. (Area/Country/City Code and No.)
(914)369-1195

(c) Internet e-mail address: lee@awid.com

SECTION II - See 47 CFR §1.1103 for Fee Type Code and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (C) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1)	E G C	0 0 0 1	$940.00	

SECTION III - Use only when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		0 0 0 1	$	
(3)		0 0 0 1	$	
(4)		0 0 0 1	$	

(5) **Add all amounts shown in column C, lines (1) through (4), and enter the total here. This amount should equal your enclosed remittance.** →

TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING
$940.00

FOR FCC USE ONLY

SECTION IV - *Enter FCC ID from Page 1, Section I* ‣ OGSSP6820

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

Firm Name,
number, street,
City,
State/Country,
ZIP/Postal Code

(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:		(b) Telephone No. (Area/Country/City code, No. and Ext.)
Firm Name,	Applied Wireless Identification Grouip, Inc.	(914) 369-8800
Contact person,	Donny Lee	
Number, street,	382 Route 59, Section 292	
City,	Monsey	(c) FAX No. (Area/Country/City code, and No.)
State/Country	NY	(194) 369-1195
ZIP/Postal code	10952	

(d) Internet e-mail address: lee@awid.com

(e) Non-Technical contact:		(f) Telephone No. (Area/Country/City code, No. and Ext.)
Firm Name,	Applied Wireless Identification Grouip, Inc.	(914) 369-8800
Contact person,	Donny Lee	
Number, street,	382 Route 59, Section 292	
City,	Monsey	(g) FAX No. (Area/Country/City code, and No.)
State/Country	NY	(194) 369-1195
ZIP/Postal code	10952	

(h) Internet e-mail address: : lee@awid.com

3. Does this application include a request for confidentiality for an portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules? (See instructions) ☐ Yes ☒ No

4. Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions) ☐ Yes ☒ No

5. Type of equipment authorization requested (check ONE box only): ☒ Certification ☐ Type Acceptance ☐ Notification

6.(a) Equipment Code and description: *(See instructions, page 4)*	(b) Equipment will be operated under FCC Rule Part(s):
F D S Field Disturbance sensors	15.109, 15.209

7. 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 modified of presently authorized equipment *(See instructions)*

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
0.125	0.588mW	+/- 3%	NON	PIC16F84-10

9. Is the equiment in this application:

(a) a composite device subject to more than one type 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 10.(a) and (b). (See instructions)

SECTION IV (continued) - *Enter FCC ID from Page 1, Section I* ‣ OGSSP6820

10.(a) Additional type of equipment authorization required:

☐ Certification ☐ Type Acceptance ☐ Notification

(b) The related application checked in item 10.(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 below

☐ is in the process of being filed under the FCC ID listed below

☐ is pending with the FCC under the FCC ID listed below

FCC ID

11.(a) Name of test firm on file with the FCC, if different from applicant or contact person:
Underwriters Laboratories Inc.

(b) Mailing address,:		(c) Telephone No. (Area/Country/City code, No. and Ext.)
Number, street,	1285 Walt Whitman Rd.	(516)271-6200, Ext. 22452
City,	Melville	
State/Country	NY	(d) FAX No. (Area/Country/City code, and No.)
ZIP/Postal code	11747	(516) 439-6095

(e) Internet e-mail address: delisir@ul.com

12. Number of exhibits submitted with this application: 4

SECTION V - 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. CODE, TITLE 47, SECTION 503).

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? ☒ 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 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 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.

	July 1, 2001
▲ Original written signature of authorized signer	▲ Date (Month, Day, Year)
Robert DeLisi	Engineering Team Leader
▲ Typed/printed name of authorized signer	▲ Title of authorized signer

▼ Complete items below if an agent signs the application,

(b) Mailing address,:		(c) Telephone No. (Area/Country/City code, No. and Ext.)
Number, street,	1285 Walt Whitman Rd.	(516) 271-6200, ext. 22452
City,	Melville	
State/Country	NY	(d) FAX No. (Area/Country/City code, and No.)
ZIP/Postal code	11747	(516) 439-6095

(e) Internet e-mail address: delisir@ul.com