

Timco Engineering, Inc.

TCB Application Form 731

Rev 07 Mar 03

Shaded areas are REQUIRED

For Timco Use Only	
Job Number	920AUT5
Scope	A3
Date Filed	08/04/05
Conf. #	TC921220
Grant Note	

Item 1. Applicant's complete, legal business name:

ASCALADE TECHNOLOGIES INC.

Applicant's FCC Registration Number (FRN): 0004-3197-29

Item 2. Applicant's mailing address: *fill in fields, as appropriate*

Line 1:12051 RIVERSIDE WAY

Line 2:

P.O. Box:

City:RICHMOND

State: B.C.	Country (if foreign address): CANANDA	Zip/Postal Code: V6W 1K7
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Item 3. Applicant Contact Person:

First Name:KEVIN	Last Name:YAU
Title: QUALITY MANAGER	Telephone:1-604-241-7991
E-mail: Kevin.yau@ascalade.com	Fax No.:1-604-241-7993

Item 4. FCC ID Grantee Code: Equipment Product Code (14 characters maximum):
 consisting of: PBW DT19R26

Item 5. Application Contact: *All questions regarding the application will be directed to this contact.
 The Original Grant and Invoice will be sent to this contact.*

Firm Name: Timco Engineering, Inc.	Telephone: 888-472-2424	Ext:	Fax: No.: 352-472-5500
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First Name: Mario	Middle Initial:R	Last Name: de Aranzeta
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Address Line 1:849 NW State Road 45	P.O. Box:
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Address Line 2:	City:Newberry	State:FL
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Country (if foreign address):	Zip/Postal Code:32669
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E-mail:info@timcoengr.com	Telephone:888-472-2424	Fax:352-472-5500
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Item 6. Test Firm Used to Take Measurements:

Firm Name: Timco Engineering, Inc.	Telephone: 888-472-2424	Ext.:	Fax No.: 352-472-2030
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First Name: Mario	Middle Initial:R	Last Name: de Aranzeta
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Address Line 1:849 NW State Road 45	P.O. Box:
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Address Line 2:	City:Newberry	State:FL
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Country (if foreign address):	Zip/Postal Code:32669
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E-mail:info@timcoengr.com

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

Item 7. * 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Item 8. *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 9. *Is this application for software defined radio authorization? Yes No

Item 10. Equipment Class: <i>3-digits required</i> PUB	Description of Product as it is marketed: 1.9 GHz VoIP Cordless DECT USB Telephone - Base
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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

Class III permissive change to software defined radio

Note: this may only be filed for applications pertaining to Software Defined Radio

Item 12. Is the equipment in this application:

* (a) a composite device subject to an additional equipment authorization?

* **(b)** part of a system that operates with, or is marketed with, another device that requires an equipment authorization?

Yes No

Yes No

If either of the above questions is answered “Yes” complete section 12 (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 in the process of being filed under the FCC ID listed to the left
 is pending with the FCC under the FCC ID listed to the right

FCC ID
PBWDT19R26H

Item 13. * Equipment will be operated under FCC Rule Part(s): 15D

Item 14. EQUIPMENT SPECIFICATIONS: *Where applicable*

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. TITLE 47, SECTION 503).

(Continued on Next Page)

Item 15. 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 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:**Mario R. de Aranzeta

Title of Authorized Signature:Engineer

NOTE: An asterisk '*' preceding a field indicates it must be completed.