

Timco Engineering, Inc.

TCB Application Form 731

Rev 19Jul01

Shaded areas are REQUIRED

For Timco Use Only	
Job Number	
Scope	
Date Filed	
Conf. #	
Grant Note	

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

Wellink Corporation.

Applicant's FCC Registration Number (FRN): 0009159617

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

Line 1: 201,A-Dong, PundangTechnopark, 150, YatapDong, Pundang-Gu, Sungnam-Si, Kyungki-Do, Korea

Line 2:

P.O. Box:

City: SUNGNAM-CITY

State: Kyunggi-do	Country (if foreign address): KOREA	Zip/Postal Code: 463-760
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Item 3. FCC ID, consisting of: **Grantee Code:** **Equip. Product Code (14 characters maximum):**
PWV W202ER

Item 4. Person to receive grant: *this is the APPLICANT'S contact person, NOT the Test Lab's*

First Name: Techyou	Mail Stop:
Last Name: Hahm	Telephone: 82-31-601-6660
Title: Manager	Fax No.: 82-31-601-6604
E-mail: techyou@wellink.co.kr	

Item 5. Test Firm Contact (if different from applicant): *fill in fields, as appropriate*

Firm Name: kostec co., Ltd	Telephone: 82-31-222-4251	Ext.:	Fax: No.: 82-31-222-4252
First Name: Ha-Hyoung	Middle Initial:	Last Name: Kim	
Address Line 1: 180-254, Annyung-Ri,	P.O. Box:		
Address Line 2: Taean-Yup,	City: Hwasung-shi	State: Kyunggi-Do	
Country (if foreign address): Republic of Korea		Zip/Postal Code: 430-060	
E-mail: kimhh44@kosteclab.com			

Item 6a. Name of Test Firm and Contact Person on file with the FCC: KOSTEC / Kim, Ha-Hyoung

Item 6b. FCC Registered Test Site Number. *Required for Part 15 and 18 applications.* **525762**

Item 7. Non-Technical Contact if Different:

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:			

Item 8. * 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? Yes No

<u>Item 9. Equipment Class:</u> <i>3-digits required</i>	Description of Product as it is marketed: ADSL Modem
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Item 10. *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

Item 11. 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 of the above questions is answered “Yes” complete section 11 (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

* Equipment will be operated under FCC Rule Part(s):

15 & 2

Item 12. 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).

Item 13.

(This Section intentionally left blank)

Item 14. 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:**Lee, Weon-woo

Title of Authorized Signature:TEAM MANAGER

Complete items below if an agent signs the application

Firm Name: kostec co., Ltd	Telephone: 82-31-222-4251	Ext.:	Fax No.: 82-31-222-4252
First Name: Ha-Hyoung	Middle Initial:	Last Name: Kim	
Address Line 1: 180-254, Annyung-Ri,		P.O. Box:	
Address Line 2: Taean-Yup,			
City: Hwasung-shi	State: Kyunggi-do	Country (if foreign address): Repobulic of Korea	Zip/Postal Code: 445-970

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