Federal Communications Commission

Application for Equipment Authorization (Form 731)

Please enter the following information:

Grantee Code:*	QBI
Equipment Code:*	TNB -Licensed Non-Broadcast Station Transmitter
Name of Test Firm:	TUV Product Service
Test Firm State:	MINNESOTA
Test Firm Country:	UNITED STATES
FCC Registration Number (FRN): *	0006907885

*** - Indicates that this field must be completed before entry into Form 731**

Continue Clear

FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731
APPLICATION FOR EQUIPMENT AUTHORIZATION

Approved by OMB
3060 - 0057
Expires 9/30/00

You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaining a confirmation n

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

Item 2. Applicant's mailing address

Line 1: 510 Market Street
Line 2:
P.O.Box:
City: San Diego
State: CA Country(if foreign address): Zip/Postal Code: 92101

Item 3. FCC ID: Grantee code: QBI * Equipment Product Code (14 characters maximum): -1001

Item 4. Person at the applicant's address to receive grant or for contact:

First Name: Doug
Last Name: Eveland
Title: Senior Vice President
E-mail: doug.eveland@cardionet.com
Mail Stop:
Telephone: 619 243 7500 E
Fax No: 619 243 7700

Item 5. Instead of Applicant, FCC is authorized to mail original Grant to:

Firm Name:
Address Line 1: P.O.Box:
Address Line 2: City:
Country(if foreign address): Zip/Postal Code:

Person at above address to receive Grant:

First Name: Last Name:
Title: Mail Stop:

Item 6. Technical Contact:

Firm Name: TUV Product Service Telephone: 858 546 3999 Ext: 419 Fax No: 858 546 0364
First Name: Judy Middle Initial: F Last Name: Evans
Address Line 1: 10040 Mesa Rim Road P.O.Box:
Address Line 2: City: San Diego
Country(if foreign address): Zip/Postal Code: 92121
E-mail: jevans@tuvam.com

Item 7. Non-Technical Contact:

Firm Name: | Telephone: | Ext: | Fax No:

First Name: | Middle Initial: | Last Name:

Address Line 1: | P.O.Box:

Address Line 2: | City:

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 the Commission Rules?

(●) Yes ( ) No

If "Yes" see instructions.

Item 9. * Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructic

( ) Yes (●) No

If so, specify date when grant may be issued (MM/DD/YYYY format):

Item 10. * Is this an application for software defined radio authorization?

( ) Yes (●) No

Item 11. Equipment Code: | * Description of Product as it is Marketed:

TNB -Licensed Non-Broadcast Station Transmitter | CardioNet Ambulatory ECG System & Arrhythmia Detector

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

Part 22

Item 12. * Application is for:

(●) Original Equipment (See instructions)

( ) Change in identification of presently authorized equipment:

Original FCC ID: | Grant Date (MM/DD/YYYY format):

( ) 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 13 . EQUIPMENT SPECIFICATIONS: (See instructions)

Frequency range in MHz		Rated RF power output in watts	Frequency tolerance		Emission designator (See 47 CFR § 2.201 and § 2.202)	
824	849	.251	2.5	ppm	26k8fxw	

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 of the above questions is answered "Yes" complete section 13(c).

(c) The related application:

(●) has been filed at same time as this application under the FCC ID listed to the right

( ) 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: QBI-1001

Item 15. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

Firm Name: TUV Product Service -Taylors Falls

First Name: Judy

Last Name: Evans

Telephone: 858 546 3999 Ext: 419 Fax No: 858 546 0364 E-mail: jevans@tuvam.com

Read each certification carefully before answering and signing this application

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONME TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTITUTION PER CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Item 16. 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 includ 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 cc 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 17. 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 knowledge and belief. IN accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this applicant is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labeli applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer o appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comp technical requirements.

Authorizing an agent to sign this application, is done solely at the applicant's discretion; however, the applicant remains responsible for al application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable th the above section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of au submitted to the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

*** Signature of Authorized Person Filing:** Judy Evans

Title of authorized signature: Technical Writer

Complete items below if an agent signs the application

Firm Name:	Telephone:	Ext:	Fax No:
TUV Product Service	858 546 3999	419	858 546 0364

First Name:	Middle Initial:	Last Name:
Judy	F	Evans

Address Line 1: 10040 Mesa Rim Road **P.O.Box:**

Address Line 2:

City:	State:	Country(if foreign address):	Zip/Postal Code:
San Diego	CA		92121

E-mail: jevans@tuvam.com

NOTE: An asterisk '*' preceding a field indicates it must be completed before this application can be submitted.

Continue Clear

Payment Summary

Applicant	Applicant's TIN	Quantity	Fee Due
CARDIONET		1	$145.00
CARDIONET		1	$495.00

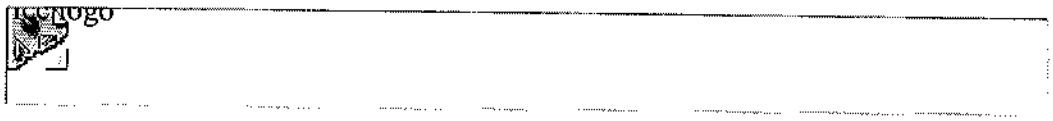
Total Amount Due: $640.00

View Form 159

What does "View Form 159" mean?

Pay Now By Credit Card

What does "Pay Now By Credit Card" mean?



YOUR TRANSACTION HAS BEEN APPROVED AND FORM 159 HAS BEEN SUBMITTED.

FOR YOUR RECORDS, PLEASE NOTE THE FOLLOWING:

- REMITTANCE ID NUMBER: **226837**
- AUTHORIZATION NUMBER: **026874**

Print form and retain for your records.

Printed 159 Form

To close this window, use this button below:

Close Window

Remittance ID:226837 Authorization Number:026874 -- Successful Authorization -- FILE COPY ONLY!! --

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #358315	FEDERAL COMMUNICATIONS COMMISSION **REMITTANCE ADVICE** PAGE NO 1 OF 1	APPROVED BY OMB 3060-058 SPECIAL USE FCC USE ONLY

SECTION A - Payer Information

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)	(3) TOTAL AMOUNT PAID (dollars and cents)
BABT Product Service	**$640.00**

(4) STREET ADDRESS LINE NO. 1
5541 Central Avenue

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
Boulder	**CO**	**80301**

(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)	(10) COUNTRY CODE (IF NOT IN U.S.A.)
303 - 4025241	**US**

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)	(12) PAYER (TIN)
0005093349	**043404235**

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME
CARDIONET

(14) STREET ADDRESS LINE NO. 1
510 Market Street

(15) STREET ADDRESS LINE NO. 2

(16) CITY	(17) STATE	(18) ZIP CODE
San Diego	**CA**	**92101**

(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)	(20) COUNTRY CODE (IF NOT IN U.S.A.)
619 243 7500	

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)	(22) APPLICANT (TIN)
0006907885	**0**

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC)	(25A) Quantity
	EBC	**1**
(26A) Fee Due for (PTC)	(27A) Total Fee	FCC Use Only
$145.00	**$145.00**	

(28A) FCC CODE 1	(29A) FCC CODE 2
QBI-1001	**13EA405725**

(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC)	(25B) Quantity
	EFT	**1**
(26B) Fee Due for (PTC)	(27B) Total Fee	FCC Use Only
$495.00	**$495.00**	
(28B) FCC CODE 1	(29B) FCC CODE 2	
QBI-1001	**13EA405725**	

Payment Summary

Applicant	Applicant's TIN	Quantity	Fee Due
CARDIONET		1	$985.00

Total Amount Due: $985.00

View Form 159

What does "View Form 159" mean?

Pay Now By Credit Card

What does "Pay Now By Credit Card" mean?

YOUR TRANSACTION HAS BEEN APPROVED AND FORM 159 HAS BEEN SUBMITTED.

FOR YOUR RECORDS, PLEASE NOTE THE FOLLOWING:

- REMITTANCE ID NUMBER: **226840**
- AUTHORIZATION NUMBER: **026274**

Print form and retain for your records.

Printed 159 Form

To close this window, use this button below:

Close Window

Remittance ID:226840 Authorization Number:026274 -- Successful Authorization -- FILE COPY ONLY!! --

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING (1) LOCKBOX #358315	FEDERAL COMMUNICATIONS COMMISSION **REMITTANCE ADVICE** PAGE NO 1 OF 1	APPROVED BY OMB 3060-058 SPECIAL USE FCC USE ONLY

SECTION A - Payer Information

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)	(3) TOTAL AMOUNT PAID (dollars and cents)
BABT Product Service	**$985.00**

(4) STREET ADDRESS LINE NO. 1
5541 Central Avenue

(5) STREET ADDRESS LINE NO. 2

(6) CITY	(7) STATE	(8) ZIP CODE
Boulder	**CO**	**80301**

(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)	(10) COUNTRY CODE (IF NOT IN U.S.A.)
303 - 4025241	**US**

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)	(12) PAYER (TIN)
0005093349	**043404235**

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME
CARDIONET

(14) STREET ADDRESS LINE NO. 1
510 Market Street

(15) STREET ADDRESS LINE NO. 2

(16) CITY	(17) STATE	(18) ZIP CODE
San Diego	**CA**	**92101**

(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE)	(20) COUNTRY CODE (IF NOT IN U.S.A.)
619 243 7500	

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)	(22) APPLICANT (TIN)
0006907885	**0**

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC)	(25A) Quantity
	EGC	**1**
(26A) Fee Due for (PTC)	(27A) Total Fee	FCC Use Only
$985.00	**$985.00**	

(28A) FCC CODE 1	(29A) FCC CODE 2
QBI-1001	**13EA428232**