



MET Laboratories TCB - Samples

Item 1. Applicant's complete, legal business name:	
Stollmann E+V GmbH	
Item 2. Applicant's mailing address:	
Address Line 1:	Mendelssohnstrasse 15
Address Line 2:	
City:	Hamburg
State:	
Zip/Postal Code:	22761
Country (if outside the US):	Germany
Item 3.	
FCC ID:	RFRMSR
FRN:	0009508607
Item 4. Applicant's Listed Grantee Code Contact: <i>(Contact listed on FCC Database)</i>	
Full Name:	Jens Jensen
Title:	Regulation Manager
Telephone No.:	+494089088
Fax No:	+494089088444
E-mail:	jj@stollmann.de
Item 5. Instead of Applicant, the original Grant is authorized to be mailed to:	
Item 6. Technical Contact:	
Company Name:	Shenzhen Morlab Communications Technology Co.,Ltd
Contact's Full Name:	Ivy Zhu
Address Line 1:	FL.3, Building A, FeiYang Science Park, No.8 LongChang Road,
Address Line 2:	Block 67, BaoAn District, ShenZhen, GuangDong Province,
City:	Shenzhen
State:	Guangdong
Zip/Postal Code:	518055
Country (if outside the US):	China
Telephone No.:	+86-755-36698618
Fax No:	+86-755-36698555
E-mail:	Ivy.zhu@morlab.cn
Item 7. Non-Technical Contact (If different from Technical Contact):	
Company Name:	
Contact's Full Name:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip/Postal Code:	
Country (if outside the US):	
Telephone No.:	
Fax No:	
E-mail:	
Item 8. Confidentiality:	
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	
Does short-term Confidentiality apply to this application?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, specify the short-term confidentiality release date: (MM/DD/YYYY format) – Between 45 and 180 days	
Item 9. Deferment:	
Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)?	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>
Date grant may be issued (MM/DD/YYYY format):	



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Item 10. Software Defined / Cognitive Radio:

Is this application for software defined / cognitive radio authorization?

☐ Yes ☒ No

Item 11. Equipment Information

Equipment Class: DTS

Description of Product as it is Marketed:
(NOTE: This text will appear below the equipment class on the grant)

Bluetooth Module mounted on different Test Jigs

Is there a KDB inquiry associated with this application?

☐ Yes ☒ No

If so, please provide the KDB tracking number:

Is the device considered a DoC device?

☐ Yes ☒ No

Testing Facility Country:

Has another TCB been contacted previously to grant this application?

☐ Yes ☒ No

If Yes, please state who and reason for leaving:

Item 11. Application is for:

Original Equipment: ☒ Yes ☐ No

Change in identification of presently authorized equipment:

☐ Yes ☒ No

Original FCC ID:

Grant Date:

Class II Permissive Change:

☐ Yes ☒ No

Item 12. 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 12(c)

(c) The related application:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | has been granted under the FCC ID(s) listed to the right |
| <input checked="" type="checkbox"/> | is in the process of being filed under the FCC ID(s) listed to the right |
| <input type="checkbox"/> | is pending with the FCC under the FCC ID(s) listed to the right |
| <input type="checkbox"/> | has a mix of pending and granted statuses under the FCC ID(s) listed to the right |

FCC ID:

- (1)
- (2) RFRSMR
- (3)
- (4)

Item 13. Modular Approval:

Is the device a modular?

Apply for Single Modular Approval

Item 14. Testing Laboratory:

Test Firm Name: Shenzhen Morlab Communications Technology Co.,Ltd

Contact's Full Name: Ivy Zhu

Telephone Number: +86-755-36698618

Fax Number: +86-755-36698555

Email: Ivy.zhu@morlab.cn

Item 15. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization.

Read each statement carefully before answering and signing this application

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



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Equipment Specifications:				
Rule Part	Frequency Range (MHz)	Power (W)	Frequency Tolerance and Units	Emission Designator
15C	2402-2480	0.007		

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 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.

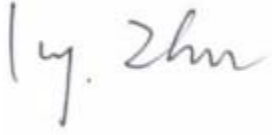
Does the applicant or authorized agent so certify? ☒ Yes ☐ No

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 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.

Signature of Authorized Person Filing: 	Title of authorized signature: Certification manager Signature of Authorized Person Filing:
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Complete items below if an agent signs the application:

Company Name:	Shenzhen Morlab Communications Technology Co.,Ltd
Contact's Full Name:	Ivy Zhu
Address Line 1:	FL.3, Building A, FeiYang Science Park, No.8 LongChang Road,
Address Line 2:	Block 67, BaoAn District, ShenZhen, GuangDong Province,
City:	Shenzhen
State:	Guangdong
Zip/Postal Code:	518055
Country (if outside the US):	China
Telephone No.:	+86-755-36698618
Fax No:	+86-755-36698555
E-mail:	Ivy.zhu@morlab.cn