

**FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731
APPLICATION FOR EQUIPMENT AUTHORIZATION**

Approved by OMB
3060 - 0934
Expires 02/28/2005

Item 1. Applicant's complete, legal business name: **Crossbow Technology Inc.**

Item 2. Applicant's mailing address

Line 1: **4145 N. Fist Street**

City: **San Jose**

State: **CA**

Country (if foreign address): **USA**

Zip/Postal Code: **95134**

Item 3. FCC ID: **SHU004MTP400**

Grantee code: **SHU**

Equipment Product Code (14 characters maximum): **004MTP400**

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

First Name: **Afshin**

Last Name: **Afzail**

Title: **Hardware Electrical Design Engineer**

Line 1: **4145 N. Fist Street**

City: **San Jose**

State: **CA**

Country (if foreign address): **USA**

Zip/Postal Code: **95134**

Telephone: **408-965-3346**

Fax No: **408-324-4840**

E-mail: **aafzali@xbow.com**

Item 5. Instead of Applicant, the original Grant is authorized to be mailed to: **N/A**

Item 6. Technical Contact:

Firm Name: **Crossbow Technology Inc.**

First Name: **Afshin**

Last Name: **Afzail**

Title: **Hardware Electrical Design Engineer**

Line 1: **4145 N. Fist Street**

City: **San Jose**

State: **CA**

Country (if foreign address): **USA**

Zip/Postal Code: **95134**

Telephone: **408-965-3346**

Fax No: **408-324-4840**

E-mail: **aafzali@xbow.com**

Item 7. Non-Technical Contact:

Firm Name: **Crossbow Technology Inc.**

First Name: **Afshin**

Last Name: **Afzail**

Title: **Hardware Electrical Design Engineer**

Line 1: **4145 N. Fist Street**

City: **San Jose**

State: **CA**

Country (if foreign address): **USA**

Zip/Postal Code: **95134**

Telephone: **408-965-3346**

Fax No: **408-324-4840**

E-mail: **aafzali@xbow.com**

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?
If "Yes" see instructions.

(please mark as appropriate)

Yes No

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

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

Item 10.

* Equipment Class: **DXT**

* Description of Product as it is Marketed: **MTP400CA Wireless Network Sensor Node**
(NOTE: This text will appear below the equipment class on the grant)

Item 11. * Application is for: (please mark as appropriate)

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 (See instructions)

