FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731 APPLICATION FOR EQUIPMENT AUTHORIZATION

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

Ext:

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

Item 2. Applicant's mailing address

Line 1: 755 Jarvis Drive

Line 2: P.O.Box:

City: Morgan Hill State: CA

Country (if foreign address): Zip/Postal Code: 95037

Item 3. FCC ID: STJ-20677 **Grantee code: STJ**

Equipment Product Code (14 characters maximum): -20677

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

First Name: Ashwin Mail Stop:

Last Name: Patel Telephone: 408-782-3516 Ext:

Title: Manager Reliability Engineering (PAS)

E-mail: ashwin.patel@hospira.com Fax No: 408-782-8432

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

Item 6. Technical Contact:

Firm Name: HOSPIRA, Inc Telephone:408-782-3303 Ext:

Fax No: 408-782-8464

First Name: Mozammil Middle Initial: Н Last Name: Awan P.O.Box:

Address Line 1:

Address Line 2: 755 Jarvis Drive City: Morgan Hill

Country (if foreign address): Zip/Postal Code: CA 95037

E-mail: mozammil.awan@hospira.com

Item 7. Non-Technical Contact: Firm Name: Hospira, Inc. Telephone: 408-782-3516

Fax No: 408-782-8464

First Name: Ashwin Middle Initial: Last Name: Patel Address Line 1: 755 Jarvis Drive P.O.Box:

Address Line 2: City: Morgan Hill

Country (if foreign address): Zip/Postal Code: CA95037

E-mail: ashwin.patel@hospira.com Item 8. * Does this application include a request for confidentiality for any portion(s) of the

(please mark as data contained in this application pursuant to 47 CFR § 0.459 of the Commission Rules? appropriate) 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 instructions)

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

Item 10.

* Equipment Class: DSS

* Description of Product as it is Marketed: Mednet Wireless Module for PlumA+ Infusion pump Models 20679, 11971-04,

(NOTE: This text will appear below the equipment class on the grant)

<u>Item 11.</u> * Application is for: (please mark as appropriate)

- Original Equipment (See instructions)
- 0 Change in identification of presently authorized equipment: Original FCC ID:

Grant Date (MM/DD/YYYY format):

0 Class II permissive change or modification of presently authorized equipment (See instructions)

> DOC-FCC009 4/14/2005 Page 1 of 3

tem 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? O Yes · No					
Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization.					
Read each certification carefully before answering and signing this application					
Equipment Specifications:					
Rule Part	Frequency Range (MHz)	Power (W)	Frequency Tolerance and Units	Emission Designator	Note Codes
15.247	2412-2462	0.091	+/-25ppm	10M6G7W	
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).					
Item 15. *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 O No					
Item 16. 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:					
Marie Ann Confroy			TCB Administrator		

DOC-FCC009 4/14/2005 Page 2 of 3

Complete items below if an agent signs the application

Firm Name:

P.O.Box: City: Zip/Postal Code: Address Line 1: Address Line 2:

Country (if foreign address):
Person at above address to receive Grant:

First Name Last Name: Title: Mail Stop:

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

DOC-FCC009 4/14/2005 Page 3 of 3