



APPLICATION FOR EQUIPMENT AUTHORIZATION

AmericanTCB, Inc.
6731 Whittier Avenue
McLean, VA 22101
Ph: (703) 847-4700 FAX: (703) 847-6888

Support@AmericanTCB.com

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

1. Applicant's complete, legal business name
RedOctane, Inc.

2. Applicant's mailing address (Line 1)
444 Castro Street, Suite#140, Mountain View, CA 94041,USA

FRN Number

0016 6300 14

Applicant's mailing address (Line 2) (if required)

City : Mountain View

Engineer:

Examiner:

State or Country (if foreign address) USA	ZIP/Postal Code 94085	3. FCC ID: (a) Grantee Code V F I	(b) Equipment Product Code (14 characters maximum) 95481808
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4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: *(See instructions)*

Name: Stephen N. Withers Title: Product Manager E-mail: swithers@redoctane.com

5. (a) Telephone No. (Area/Country/City Code, No. and Ext.) 650.930.1243	(b) FAX No. (Area/Country/City Code and No.) 650.930.1108
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(c) Internet e-mail address: swithers@redoctane.com

SECTION II – CONTACT INFORMATION

1.(a) Instead of Applicant, original Grant shall be mailed to:

Firm Name, AUDIX Technology (Shenzhen) Co., Ltd.
Number, street, 52 Block Shenzhen Science&Industry
City, Shenzhen
State/Country, China
ZIP/Postal Code 140

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant:

Name: Edie Huang Title: Assistant E-mail: Annie_wu@audix.com.cn

2.(a) Technical contact:

Firm Name, AUDIX Technology (Shenzhen) Co., Ltd.
Contact person, Ken Lu
Number, street, 52 Block Shenzhen Science&Industry
City, Shenzhen
State/Country, China
ZIP/Postal code 140

(b) Telephone No. (Area/Country/City code, No. and Ext.)
86-755-26639497 Ext: 101

(c) FAX No. (Area/Country/City code, and No.)
86-755-26632877

(d) Internet e-mail address: Ken_Lu@audix.com.cn

(e) Non-Technical contact:

Firm Name, AUDIX Technology (Shenzhen) Co., Ltd.
Contact person, Kris Zheng
Number, street, 52 Block Shenzhen Science&Industry
City, Shenzhen
State/Country, China
ZIP/Postal code 140

(f) Telephone No. (Area/Country/City code, No. and Ext.)
86-755-26639497 Ext: 345

(g) FAX No. (Area/Country/City code, and No.)
86-755-26632877

(h) Internet e-mail address: Kris_Zheng@audix.com.cn



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SECTION III - EQUIPMENT AUTHORIZATION SUMMARY

1. Confidentiality Does this application include a request for confidentiality for a portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission's Rules?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2. Defer Does the applicant desire ATCB to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)		NOT APPLICABLE			
3. Type of equipment authorization requested:		<input checked="" type="checkbox"/> Certification			
4.(a) Equipment Code and description: Wireless Drum Kit Controller for PS2&PS3		(b) Equipment will be operated under FCC Rule Part(s): FCC Part 15C 15.249			
<table border="1"><tr><td>D</td><td>X</td><td>X</td></tr></table>		D	X	X	
D	X	X			
5. Application is for (Check one box only)					
<input checked="" type="checkbox"/> 1. Original equipment	<input type="checkbox"/> 2. Change in identification of presently authorized equipment	<input type="checkbox"/> 3. Class II permissive change or modified of presently authorized equipment			
Original FCC ID _____		Grant date _____			
6. Equipment Specifications:					
(a) Frequency range in MHz 2410~2469.2MHz	(b) Rated RF power output in watts	(c) Frequency tolerance %, Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and § 2.202)	(e) Microprocessor model number	
7. Is the equipment in this application:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> (a) a composite device subject to more than one type of equipment authorization? <input type="checkbox"/> (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. (a) Additional type of equipment authorization required: <input checked="" type="checkbox"/> Certification <input type="checkbox"/> Notification (b) The related application checked in item 7.(a) (Check one box only)			<input type="checkbox"/> has been filed at the same time as this application under the FCC ID listed below <input type="checkbox"/> has been granted under the FCC ID below <input type="checkbox"/> is in the process of being filed under the FCC ID listed below <input type="checkbox"/> is pending with the FCC or a TCB under the FCC ID listed below		
FCC ID					
9.(a) Name of test firm on file with the FCC , if different from applicant or contact person:					
(b) Mailing address,: Number, street, City, State/Country ZIP/Postal code		52 Block Shenzhen Science&Industry Shenzhen China 140		(c) Telephone No. (Area/Country/City code, No. and Ext.) 86-755-26639497	
				(d) FAX No. (Area/Country/City code, and No.) 86-755-26632877	
(e) Internet e-mail address: Jamy_yu@audix.com.cn					



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SECTION IV - 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. CODE, TITLE 47, SECTION 503).

1. 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

2.(a) 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 ATCB 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 ATCB or the FCC upon request, and that ATCB or FCC reserves the right to contact the applicant directly at any time.

Stephen N. Withers

Aug.20, 2009

Original written signature of authorized signer

Date (Month, Day, Year)

Stephen N. Withers

Product Manager

Typed/printed name of authorized signer

Title of authorized signer

Complete items below if an agent signs the application,

(b) Mailing address: Number, street, City, State/Country ZIP/Postal code	444 Castro Street, Suite#140, Mountain View, CA 94041,USA Mountain View USA 94085	(c) Telephone No. (Area/Country/City code, No. and Ext.) 650.930.1243
		(d) FAX No. (Area/Country/City code, and No.) 650.930.1108

(e) Internet e-mail address: swithers@redoctane.com