AN IIA COMPANY

TCB Application Form 731

Item 1. Grantee's complete, legal business name: *List the Grantee company name as it is listed in FCC database.*	Neurio Technology ULC		
Grantee's FCC Registration Number (FRN):	0018589234		
Item 2. Grantee's Mailing Address (as it is listed in FCC database)			
Line 1: 555 Robson Street, 6th Floor			
Line 2:			**City:** Vancouver
State/Province: British Columbia	**Country:** Canada		**Zip/Postal Code:** V6B 1A6
Item 3. Grantee Contact Person *Must be the same as the FCC Grantee contact listed in the FCC database. The name listed in the FCC Database will be on the Grant.* *https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm*			
First Name (Given Name): Jon		**Last Name (Family Name):** Hallam	
Title: Head of Hardware		**Telephone:** 604-224-8756	
Email Address: jon.hallam@neur.io		**Fax No. (if applicable):**	
Item 4. FCC ID	**Grantee Code:** W72	**Equipment Product Code:** -1DX *14 characters maximum including hyphens.*	
Item 5. Timco's Customer	*All correspondence regarding this application will be directed to this contact including, but not limited to requests for additional information, the Grant, and the invoice.*		
Customer Company Business Name: QAI LABORATORIES LTD.	**Telephone:** 6045278378	**Ext:** 202	**Fax No. (if applicable):** 6045278368
Email Address: psingh@qai.com			
First Name (Given Name): Parminder	**Last Name (Family Name):** Singh		
Line 1: 3980 North Fraser Way			
Line 2:			**City:** Vancouver
State/Province: British Columbia	**Country:** Canada		**Zip/Postal Code:** V5J 5K5
Item 6. Test Firm Used to Take Measurements			
Test Lab Company Business Name: QAI LABORATORIES LTD.	**Telephone:** 6045278378	**Ext.:** 202	**Fax No.:** 6045278368
First Name (Given Name): Parminder	**Last Name (Family Name):** Singh		
Address Line 1: 3980 North Fraser Way			
Address Line 2:			**City:** Vancouver
State/Province: British Columbia	**Country:** Canada		**Zip/Postal Code:** V5J 5K5
Email Address: psingh@qai.com			
Item 7. **Does this application include a request for PERMANENT confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules?**		**Permanent Confidentiality Requested:** ☐ Yes ☒ No	
Does this application include a request for SHORT-TERM confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 06/15/2004?		**Short-term Confidentiality Requested:** ☐ Yes ☒ No **If yes, must indicate number of days below.** ☐ 45 days ☐ 90 days ☐ 180 days ☐ Other:	
Request for Grant Deferral:	**Yes:** ☐	**No:** ☒	**Date:**

Item 8. Is this application for modular approval? ☒ Yes ☐ No

Modular Type: *Only complete if you answered Yes to Item 8.*

☐ Single Modular Approval ☐ Split Modular Approval

☒ Limited Single Modular Approval ☐ Limited Split Modular Approval

Item 9. Is this application for software defined radio authorization? ☐ Yes ☒ No

Item 10. Enter a brief description of the product being marketed.

Communications Module

Item 11. This Application is for:

☐ Original Equipment

☒ Change in identification of presently authorized equipment:

Original FCC ID: VPYLB1DX Grant Date (MM/DD/YYYY): 06/24/2016

☐ 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 12. Is the equipment in this application:	
(a) a composite device subject to an additional equipment authorization?	**(a)** ☒ Yes ☐ No
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	**(b)** ☐ Yes ☒ No
Note: If either of the above questions have been answered with "Yes" complete section 12 (c).	

12 (c) The related application:	
☐ has been granted under the FCC ID(s) listed to the right	i. FCC ID:
☑ is in the process of being filed under the FCC ID(s) listed to the right	ii. FCC ID: W72-1DX
☐ is pending with the FCC under the FCC ID(s) listed to the right	iii. FCC ID:
☐ has a mix of pending and granted statuses under the FCC ID(s) listed to the right	iv. FCC ID:

Item 13. Equipment Specifications

Line Item #	Frequency range in MHz		Rated RF Power Output	Frequency Tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	Optional		
	Low Freq.	High Freq.	IN WATTS	Value	%, Hz, ppm		FCC Rule Part	Equipment Class	Grant Notes (Example- CC, MO)
1.	2412	2462	0.174				15C	DTS	
2.	2402	2480	0.007				15C	DTS	
3.	2402	2480	0.009				15C	DSS	
4.									
5.									
6.									
7.									
8.									
9.									
10.									

Item 14. Equipment Authorization Waiver

Is there an equipment authorization waiver associated with this application?

☐ Yes ☒ No

If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information uploaded?

☐ Yes ☒ No

Read each certification 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 CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

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 authorization agent so certify?

☒ Yes ☐ No

Item 15. 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 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.

If signee listed below is different from Grantee's contact (Item 3) you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee (Item 3). The authorization letter MUST name the person that they are authorizing to sign on their behalf.

Signature of Authorized Applicant *(Must be actual signature)*:

Name & Title of Authorized Signature *(Typed)*: Jon Hallam, Head of Hardware

Company Name of Person Signing Application: Neurio Technology