

FCC Application Form 731

1. Applicant details

Company data			
Company name (Grantee)	Panasonic Automotive Systems Europe GmbH		
Address	Robert Bosch Str. 27-29 - 63225 - Langen - Germany		
P.O. Box		Zip Code	63225
State		Country	Germany
FCC Registration Number	0018227264		
Main contact data			
First name	Armin	Last name	Montigny
Job Title	Senior Manager R&D		
Telephone number	+49 (0) 6103 3759 198	Extension	
Fax number		E-mail address	armin.montigny@eu.panasonic.com

2. Other contact information

If you want to name a different person as either technical or non-technical contact please tick the box and fill the following data:	<input type="checkbox"/>		
Technical contact			
Company name			
Address			
P.O. Box		Zip Code	
State		Country	
First name		Last name	
Telephone number		Extension	
Fax number		E-mail address	
Non-Technical contact			
Company name			
Address			
P.O. Box		Zip Code	
State		Country	
First name		Last name	
Telephone number		Extension	
Fax number		E-mail address	
Agent			
If an agent is used to submit the application and to receive the communications related to this application please tick the following box and provide the corresponding agent letter.	<input checked="" type="checkbox"/>		

3. Equipment details

FCC ID			
Grantee code	WUQ	Product code	-MIB3HBT
Description of product as it is marketed (NOTE: This text will appear below the equipment class on the grant)			
Headunit with radio and Bluetooth			
Radio module			
Is the equipment described in this application a radio module to be installed in other devices?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If "Yes", please select the type of modular application?			Does not apply

Is the equipment using an already certified module whose RF interface is not required to be certified?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If "Yes", please specify the FCC ID		
Is the equipment a composite device in which sDoC authorization is applied to any of its parts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If "Yes", please provide a declaration stating you will follow the sDoC procedure for the parts not submitted to certification.		

Software Defined/Cognitive Radio		
Is this application for software defined/cognitive radio authorization?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

4. Certification request

Application purpose		
<input type="checkbox"/> Original equipment	<input checked="" type="checkbox"/> Class 2 Permissive Change	
<input type="checkbox"/> Class 3 Permissive Change to Software Defined Radio	<input type="checkbox"/> Change of FCC ID	
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?		
Long term confidentiality:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Short term confidentiality:	No <input type="checkbox"/> Yes – 45 days <input type="checkbox"/> Yes – 90 days <input type="checkbox"/> Yes – 138 days <input type="checkbox"/> Yes – 180 days <input checked="" type="checkbox"/> Yes – Specific date (YYYY/MM/DD):	

Related Equipment		
Is the equipment in this application part of a system that operates with, or is marketed with, another device that requires an equipment authorization?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If "Yes", the related application is in the process of being filed under the following FCC ID(s):		

Related OET Knowledge Database (KDB(Inquiry)		
Is there any KDB inquiry related with this application?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If "Yes", please specify the KDB inquiry number		
If "Yes", please specify the e-mail associated with such KDB		

Equipment Authorization Waiver		
Is there an equipment authorization waiver associated with this application?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If there is an equipment authorization waiver associated with this application, has the associated waiver been approved and all information provided?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Test Firm Information			
Firm Name	Dekra Testing and Certification, S.A.U.		
First Name	Rafael		
Last Name	Lopez		
Telephone number	+34 952 619 100	Extension	
Fax number	+34 952 619 113	E-mail address	rafael.lopez@dekra.com

5. Certification agreement

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.

Yes

Does the applicant or authorized agent so certify?

Post-Market Surveillance

Section 2.962(g) of the FCC Rules requires a TCB conduct appropriate post-market surveillance activities in accordance with ISO/IEC 17065. The requirements for TCBs were specified in the Commission's Report and Order (R&O) in GEN Docket 98-68 (FCC 98-338), adopted on December 17, 1998.

Yes

Further guidance on the requirements for TCBs was given in Public Notice DA 99-1640. The FCC provides additional information regarding Accreditation Requirements for Telecommunication Certification Bodies in GEN Docket 98-68 (FCC 98-92), released on May 18, 1998.

Does the applicant agree to provide, on request, samples and information of this equipment to DEKRA for market surveillance purposes as required by the FCC rules specified above?

Applicant/Agent Certification

I, hereby, declare that the information stated in this form is to best of my knowledge correct

I, hereby, apply for a Grant of equipment authorization issue by DEKRA under the authority of the Federal Communications Commission,

I, hereby, agree to conform with DEKRA terms and conditions to conduct the required certification.

I, hereby, attest that neither DEKRA nor any other entities under its organizational control nor the test laboratories involved in the evaluation activities of this product:

- are not the designer, manufacturer, installer, distributor or maintainer of the product subject of this application;
- have offered or provided consultancy to us

and,

I, hereby, confirm that I have read and understood the DEKRA' FCC/IC Certification Guide (FCB003).

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.

Please specify other activities, other than testing and certification, you have performed with DEKRA TC:

None Others:

Please specify any company, other than the applicant, which has been:

- the designer, manufacturer, installer, distributor or maintainer of the product subject of this application;
- OR
- has offered or provided consultancy to us

None Others:

Date:	September 8, 2022	Authorized signatory:	Hisayoshi Nakao
Signature:	Hisayoshi Nakao  デジタル署名者: Hisayoshi Nakao 日付: 2022.09.13 16:53:25 +02'00'	Title of the authorized signatory:	Managing Director

TERMS AND CONDITIONS

Compliance

The applicant agrees that the certified products manufactured and supplied by him as specified in the certificate based on and attached to this agreement will comply with the requirements of the FCC regulations.

Modifications

The applicant agrees that the products for which the certificate is granted will be produced to the same specifications as the sample that DEKRA found by review to be in compliance with the regulations. The applicant shall immediately inform to DEKRA or other certification body of any changes affecting to the certified product if such change requires notification as specified by FCC regulations.

Use of the Certificate/approval mark

No parts of the certification documents provided by DEKRA may be reproduced or quoted out of context, in any form or by any means, except in full, without the previous written permission of DEKRA and according to FCC regulations.

Use of the certification documents, approval mark or any reference to the certification of the device in any document, marketing material or leaflet must be done in accordance with FCC regulations.

The certification documents, approval mark or any reference to the certification must not be used in a misleading manner and must not be used in such a manner as to bring DEKRA into disrepute.

References to the certification must be discontinued upon suspension or cancellation of certification.

Complaints

The applicant shall keep records and upon request report by DEKRA any complaints regarding those aspects of the products covered by the certificate. The applicant shall take appropriate action with respect to such complaints and any deficiencies found in products or services that affect compliance with the requirements for certification. The applicant shall keep records of such action.

Appeal/dispute

The applicant has the right to appeal/dispute the decisions of DEKRA's certification body. All disputes that may arise in connection with this agreement are to be settled in accordance with the appeal procedures of DEKRA. The FCC is the final arbitrator.

ANNEX 1

1. Equipment Class

Intentional emissions:	
<input type="checkbox"/> DCD - Part 15 Low Power Transmitter Below 1705 kHz	<input checked="" type="checkbox"/> DSS - Part 15 Spread Spectrum Transmitter
<input type="checkbox"/> DTS - Digital Transmission System	<input type="checkbox"/> DXT - Part 15 Low Power Transceiver, Rx Verified
<input type="checkbox"/> DXX - Part 15 Low Power Communication Device Transmitter	<input type="checkbox"/> NII - Unlicensed National Information Infrastructure TX
<input type="checkbox"/> PCB - PCS Licensed Transmitter	<input type="checkbox"/> PCE - PCS Licensed Transmitter held to ear
<input type="checkbox"/> PCF - PCS Licensed Transmitter held to face	<input type="checkbox"/> PCT - PCS Licensed Transmitter worn on body
<input type="checkbox"/> TNB - Licensed Non-Broadcast Station Transmitter	<input type="checkbox"/> TNE - Licensed Non-Broadcast Transmitter Held to Ear
<input type="checkbox"/> TNF - Licensed Non-Broadcast Transmitter Held to Face	<input type="checkbox"/> TNT - Licensed Non-Broadcast Transmitter Worn on Body
<input type="checkbox"/> DSC - Part 15 Security/Remote Control Transmitter	<input type="checkbox"/> DSR - Part 15 Remote Control/Security Device Transceiver
Unintentional emissions:	
<input type="checkbox"/> JBC - Part 15 Class B Computing Device/Personal Computer	<input type="checkbox"/> JBP - Part 15 Class B Computing Device Peripheral
<input type="checkbox"/> JAB - Part 15 Class B Digital Device	<input type="checkbox"/> JAD - Part 15 Class A Digital Device
<input type="checkbox"/> JAV - Other Non-Digital SDoC Devices	
If not listed above please include the equipment classes below:	
CXX - Communications Rcvr for use w/ licensed Tx and CBs	

2. Equipment specifications

	Operation mode	Equipment Class	Lower Frequency (MHz)	Upper Frequency (MHz)	Power Output (W)	Frequency Tolerance (%, Hz, ppm)	Emission Designator (See 47 CFR §2.201 and §2.202)	Microprocessor Number	Operated under Rules Part
1	GFSK	DSS	2402	2480	0.0011				15C
2	$\pi/4$ -DQPSK 8-DPSK	DSS	2402	2480	0.0006				15C
3		CXX	87.5	108					15B
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