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Approved by OMB 3060 - 0057

**Application for Equipment Authorization (FCC Form 731 Application) TCB
Version
Section One: Contact/ General Information**

Applicant's complete, legal business name: Locoroll, Inc.
FCC Registration Number (FRN): 0026457382

Mailing Address**Line one:** 20400 Stevens Crk Blvd Ste 370**Line two:****P.O. Box:****City:** Cupertino**State:** California**Country:** United States**Zip Code:** 95014**FCC ID****Grantee Code:** 2ALVN **Product Code:** **TCB Information****TCB Application Email Address:** ***TCB Scope:** ***[Person at the applicant's address to receive grant or for contact](#)****First Name:** John**Middle Name:****Last Name:** Gilmore**Title:** COO**Telephone:** 6502427565**Extension:****Fax Number:** n/a**Email:** ap@locoroll.com**Mail Stop:****[Technical Contact](#)****Firm Name:** **First Name:** **Middle Name:**

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number:

Extension:

Fax Number:

E-mail:

sabrina.tsai@dekra.com

Non Technical Contact

Firm Name:

First Name:

Middle Name:

Last Name:

Line 1:

Line 2:

P.O. Box:

City:

State:

Country:

Zip Code:

Telephone Number:

Extension:

Fax Number:

E-mail:

milla.wang@dekra.com

Long-Term 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? *

☒ Yes ☐ No

Short-Term Confidentiality

Does short-term confidentiality apply to this application? *

☒ Yes ☐ No

If yes, specify the short-term confidentiality release date (MM/DD/YYYY format):

10/24/2017 OR

set the short-term confidentiality release date to 45 days from grant date: ☐ Yes ☒ No

Software Defined/Cognitive Radio

Is this application for software defined/cognitive radio authorization? *

☐ Yes ☒ No

Related OET KnowledgeDataBase (KDB) Inquiry

Is there a KDB inquiry associated with this application? *

☐ Yes ☒ No

If so, enter the inquiry tracking number:

Modular Equipment

Modular Type: *

Does not apply ▼

Equipment Class

Equipment Class: *

DTS: Digital Transmission System ▼

Description of product as it is marketed: (NOTE: This text will appear below the equipment class on the grant) *

Smart Lighting System

Application Purpose

Application is for: *

☒ Original Equipment

☐ Change in identification of presently authorized equipment:

Original FCC ID: Grant Date:

☐ 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.

Composite/Related Equipment

Is the equipment in this application a composite device subject to an additional equipment authorization? *

☐ Yes ☒ No

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 ☒ No

If either of the above questions is answered "yes", complete the following statement:

The related application:

- ☐ has been granted under the FCC ID(s) listed below:
☐ is in the process of being filed under the FCC ID(s) listed below:
☐ is pending with the FCC under the FCC ID(s) listed below:
☐ has a mix of pending and granted statuses under the FCC ID(s) listed below:

i. FCC ID:
ii. FCC ID:
iii. FCC ID:
iv. FCC ID:

Test Firm Information

Name of test firm and contact person:

Firm Name:

DEKRA TESTING AND CERTIFICATION Hsin Chu Lab. - Zhudong Township Hsinchu County 31061 Taiwan

First Name:

Roy

Last Name:

Wang

Telephone Number: Extension:

886-3-582-8001

3501

Fax Number:

886-3-592-8958

E-mail:

roy.wang@dekra.com

Grant Comments

Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization:

Power Output is conducted. The antenna(s) used for this transmitter must be used to provide a separation distance of at least 20 cm from all persons and must not be co-located or operating in conjunction with any other antenna or transmitter. End-users must be provided with transmitter operating conditions for satisfying RF exposure compliance.

* - Indicates that this field must be completed before the registration can be submitted

Proceed

Clear

Last Reviewed/Updated on 01/05/2005

Please use the Submit Inquiry link at www.fcc.gov/labhelp to send any comments or suggestions for this site

Federal Communications
Commission
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Washington, DC 20554
[More FCC Contact Information...](#)

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