

## APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

### Section: One

|                                    |                                                   |                                                   |  |
|------------------------------------|---------------------------------------------------|---------------------------------------------------|--|
| <b>Applicant's Business Name</b>   | TianJin HuaLai Technology Co.,Ltd.                |                                                   |  |
| Applicant's FRN                    | 0026790238                                        |                                                   |  |
| Model Number                       | NS-SCS-US1                                        | <input type="checkbox"/> Request for Grantee Code |  |
| FCC ID: (Grantee + Applicant Code) | 2ANJHNS-SCS-US1                                   |                                                   |  |
| Address line 1                     | No.10 JinPing Road, Ya An Street, Nankai District |                                                   |  |
| Address line 2                     |                                                   |                                                   |  |
| City                               | Tianjin                                           | Zip/ Postal Code                                  |  |
| State                              |                                                   | P.O. Box                                          |  |
| Country                            | China                                             | Phone                                             |  |
| First Name                         | Guoqing                                           | Fax                                               |  |
| Middle Name                        |                                                   | Email                                             |  |
| Last Name                          | Wang                                              | Mail Stop                                         |  |
| Title                              | manager                                           |                                                   |  |

### Section: Two

|                                                                                                                                                                                                                           |                                                                                                     |                  |                     |
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| <b>Instead of Applicant, the original Grant is authorized to be mailed to</b><br>(All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.) |                                                                                                     |                  |                     |
| <b>Technical Contact</b>                                                                                                                                                                                                  |                                                                                                     |                  |                     |
| Company Name                                                                                                                                                                                                              | FANGGUANG Inspection & Testing Co., Ltd.                                                            |                  |                     |
| Address                                                                                                                                                                                                                   | B, 3F, Building G, Saida Emerging Industrial Park, Xiqin Economic Development Area ,Tianjing ,China |                  |                     |
| City                                                                                                                                                                                                                      | Tianjin                                                                                             | Zip/ Postal Code |                     |
| State                                                                                                                                                                                                                     |                                                                                                     | P.O. Box         |                     |
| Country                                                                                                                                                                                                                   | China                                                                                               | Phone            | 61180008-8612       |
| Contact Person                                                                                                                                                                                                            | Sabrina.wang                                                                                        | Fax              |                     |
| Title                                                                                                                                                                                                                     |                                                                                                     | Email            | wangxh3@grgtest.com |
| <b>Non - Technical Contact</b>                                                                                                                                                                                            |                                                                                                     |                  |                     |
| Company Name                                                                                                                                                                                                              |                                                                                                     |                  |                     |
| Address                                                                                                                                                                                                                   |                                                                                                     |                  |                     |
| City                                                                                                                                                                                                                      |                                                                                                     | Zip/ Postal Code |                     |
| State                                                                                                                                                                                                                     |                                                                                                     | P.O. Box         |                     |
| Country                                                                                                                                                                                                                   |                                                                                                     | Phone            |                     |
| Contact Person                                                                                                                                                                                                            |                                                                                                     | Fax              |                     |
| Title                                                                                                                                                                                                                     |                                                                                                     | Email            |                     |

### Section: Three

|                                                                                                                |                                                                     |
|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Does this application include a request for Short Term Confidentiality (STC)?<br>Date? (mm/dd/yyyy) 12/09/2020 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this application for Software Defined Radio (SDR) authorization?                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is there a PAG associated with this Application? Please specify KDB number: _____                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does the applicant request a deferred Grant Date? (mm/dd/yyyy) _____                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|                                                                                                                                                                                                                                      |                                                                                                                                 |
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| <b>Is this a Modular or Limited Modular Certification?</b>                                                                                                                                                                           | <b>Is there a waiver associated with this filing?</b>                                                                           |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes<br><b>Modular Type:</b> ( if you answered "Yes")<br><input type="checkbox"/> Single Modular Approval<br><input type="checkbox"/> Limited Single Modular Approval | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>Waiver Number:</b> _____<br><b>Waiver Date:</b> _____ |

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| <input type="checkbox"/> Split Modular Approval<br><input type="checkbox"/> Split Limited Modular Approval |  |
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| <b>Description of product as it is marketed</b><br><i>(note: this text will appear below the equipment class on the grant)</i> | Neos Smart Contact Sensor |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------|

**Purpose of the Application:**

- ☒ Original equipment  
☐ Change in identification of presently authorized equipment:  
 Original FCC ID: \_\_\_\_\_ Original Grant Date (MM/DD/YYYY): \_\_\_\_\_  
☐ 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)

**Equipment Specifications**

| The equipment will be operated under FCC Rule Part(s) |     |                               |                                   |  | Emission Designator               | FCC Equipment Code   |
|-------------------------------------------------------|-----|-------------------------------|-----------------------------------|--|-----------------------------------|----------------------|
| Frequency range in MHz                                |     | Rated RF power output (Watts) | Frequency tolerance (% , Hz, ppm) |  | ( <u>NOT</u> for Part 15 devices) | (ex.: DTS, DSS, PCE) |
| 906                                                   | 915 |                               |                                   |  |                                   | DXX                  |
|                                                       |     |                               |                                   |  |                                   |                      |
|                                                       |     |                               |                                   |  |                                   |                      |
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|                                                       |     |                               |                                   |  |                                   |                      |

**NOTE: If additional Equipment Specifications required, please use separate page**

**Is the equipment in this application?**

- |                                                                                                                        |                                                                     |
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| (a) a composite device subject to an additional equipment authorization?                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (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 |

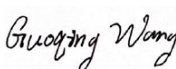
**If either of the above questions is answered "Yes" please complete the following statement**

- |                                                                                                                                                                                                                                                                           |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| (c) The related application checked above is (Check one box only)                                                                                                                                                                                                         |                  |
| <input type="checkbox"/> has been granted under the FCC ID listed to the right<br><input type="checkbox"/> is in the process of being filed under the FCC ID listed to the right<br><input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right | FCC ID:<br>_____ |

## Section: Four

|                                                                                                                 |                                                                                                                         |                 |               |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|
| Name of <b>Test Firm</b> and contact person on file with the FCC, if different from applicant or contact person |                                                                                                                         |                 |               |
| Company name                                                                                                    | GRG Metrology & Test (Shenzhen) Co., Ltd.                                                                               |                 |               |
| Address                                                                                                         | Room 402, Silver Star Hi-Tech Building, No. 1301, Guanguang Road , Xinlan Community, Guanlan Street , Longhua District, |                 |               |
| City                                                                                                            | Shenzhen,                                                                                                               | Zip Postal Code | 518110        |
| State                                                                                                           |                                                                                                                         | P.O. Box        |               |
| Country                                                                                                         | China                                                                                                                   | Phone           | 61180008-8612 |
| Contact Person                                                                                                  | Sabrina.wang                                                                                                            | Fax             |               |
| Email                                                                                                           | wangxh3@grgtest.com                                                                                                     |                 |               |
| FCC Registered Test Site Number (required for part 15 and 18 applications)                                      |                                                                                                                         |                 |               |

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |
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| <b>Read each certification carefully before answering and signing this application</b>                                                                                                                                                                                                                                                                                                              |                                                                     |
| 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).                                                                                                          |                                                                     |
| <b>SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                |                                                                     |
| 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?                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                            |              |
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| <b>APPLICANT/AGENT CERTIFICATION:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     |                            |              |
| 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 Applus Laboratories 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 Applus Laboratories or the FCC upon request, and that Applus Laboratories or FCC reserves the right to contact the applicant directly at any time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                            |              |
| Original written signature of authorized signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Date (Month, Day, Year)    | June 6, 2020 |
| Typed/printed name of authorized signer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Guoqing Wang                                                                        | Title of authorized signer | Manager      |
| <b>Complete items below if an agent signs the application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                            |              |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                            |              |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                            |              |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     | Zip/ Postal Code           |              |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                     | P.O. Box                   |              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     | Phone                      |              |
| Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | Fax                        |              |