TCB FORM 731

Section 1: Applicant Information			
Applicant's complete, legal business name:		**Applicant's FCC Registration Number (FRN):**	
Swimmersive Co.		0027573781	
Address Line 1: 16854 Mooncrest Dr.			
Address Line 2:			
City:	**State:**	**Country:**	**Zip/Postal Code:**
Encino	CA	USA	91436
Applicant Contact Name: Sheera Goren (Must be the same as the FCC Grantee Contact listed in the FCC database. The name in the FCC Database will be listed on the Grant.) **https://apps.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm**			
Title:			
Phone #: (818) 445-2293	**Fax #:**	**Email:** sheera@zygoco.com	

Section 2: FCC ID Information	Grantee Code:	Equipment Product Code (14 Characters Maximum):
	2APZQ	**-ZYGO**

Section 3: Application Contact:	*(If different from Section 1). The original Grant and Invoice as well as all questions regarding the application will be sent to this contact.*		
Company Name:			
Contact Name:		**Title:**	
Address Line 1:			
Address Line 2:			
City:	**State:**	**Country:**	**Zip/Postal Code:**
Phone #:	**Fax #:**	**Email:**	

Section 4: Main Test Lab Used for Data Measurements:	*(If different from Section 3)*
Company Name: Professional Testing (EMI) Inc.	
FCC Registered Test Lab Number: 459644	

Section 5: Confidentiality Request:	
Does this application include a request for Short-Term confidentiality for any portion(s) of the data contained in this application pursuant to KDB 726920 D01?	**SHORT-TERM** request: ☐ YES ☒ NO If YES specify release date (MM/DD/YYYY):
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?	**PERMANENT** request: ☒ YES ☐ NO

Section 6: Grant Deferral Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR § 0.457(d)(1)(ii)?	
☐ YES ☒ NO	If so, specify the requested grant deferral date (MM/DD/YYYY format):

Section 7: Is this application for software defined radio authorization? ☐ YES ☒ NO		
Section 8: Is there a KDB inquiry associated with this application? ☐ YES ☒ NO		
If so, enter the inquiry tracking number:		
Section 9: Modular Approval Request: Is this application for modular approval? ☐ YES ☒ NO (if YES complete below)		
Modular Type:	☐ Single Modular Approval	☐ Split Modular Approval
	☐ Limited Single Modular Approval	☐ Limited Split Modular Approval
If yes, please include a cover letter addressing the modular approval requirements of KDB 996369		
Section 10: Description of Product as it is marketed: (NOTE: This text will appear below the equipment classes on the grant)		
Underwater communication radio		
Section 11: Application Purpose		
Type of Application Requested: (*check one box only)*		
☒ **Original Equipment**		
☐ **Change in identification of presently authorized equipment:**		
	Original FCC ID:	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.		
Section 12: Is the equipment in this application:		
(a) a composite device subject to more than one type of equipment authorization?	☒ YES ☐ NO	
(b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?	☐ YES ☒ NO	
If (b) above is checked YES, answer (c) below, otherwise proceed to Section 13.		
(c) The related application:		
☐ has been granted under the FCC ID listed	**i. FCC ID:**	
☐ is in the process of being filed under the FCC ID listed	**ii. FCC ID:**	
☐ is pending with the FCC under the FCC ID listed	**iii. FCC ID:**	
☐ has a mix of pending and granted statuses under the FCC ID(s) listed below	**iv. FCC ID:**	

Section 13: Equipment Specifications: *where applicable*							
Radio Type [e.g. LTE, WiFi, BTLE]	Frequency Range [MHz] Low Frequency	High Frequency	Rated RF Output Power in Watts [W]	Frequency Tolerance [%, Hz, ppm] (please list units used)	Emission Designator (see 47 CFR 2.201 & 2.202)	FCC Rule Part [e.g. 15C]	Equipment Class (3 characters max) [e.g. DTS]
VHF	175.5	215.0	0.0191	2006 Hz	200KG1D	15C	DWM
BT	2402	2479	0.0104		1M23G1D	15C	DSS

Section 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	

Section 15: 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 CONTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. 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. **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 the TCB 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 productions 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 bt the applicant. It is understood that the letter of authorization must be submitted the FCC upon request, and that the FCC reserves the right to contact the applicant directly at any time.

FCC requires applicants keep **Production Samples** on hand for at least one year after last production date and make said samples available at any time to the FCC or TÜV SÜD CB for validation (surveillance) testing.

Type Signature of Authorized Applicant:

Name and Title of Authorized Signature: Eric Lifsey, EMC Engineer

Date: 24 Apr 2020

Instructions for completing TUV SUD America's 731 Application Form

Section 1:
Please complete this section with the Applicant's contact information. Applicant is usually the holder of the Grant to be issued. Applicant's FRN number will be compared to information in FCC database for verification. The contact name must be the same person listed as the contact with the FCC for the specific grantee code in section 2.

Section 2:
Please enter the FCC ID of the device to be certified. This includes the 3-digit Grantee Code and the 14-digit Product Code. Product Code can be no longer than 14 characters and you may use the dash (-) symbol. Other non-alphanumeric characters are not allowed.

Section 3:
Please include the contact information for the application contact. This is the person who submits the application. All questions, correspondence regarding the application will be directed to this person. If the same as the contact in section 1, please leave blank.

Section 4:
Please include the name of the Test Lab which completed the testing of the device. Please indicate the FCC registered site number of the lab.

Section 5:
Please indicate if a request for confidentiality is requested. Also indicate whether request is for short term or long term confidentiality. A cover letter explaining why a request should be granted is required to be submitted.

Section 7:
Please indicate if application is for authorization of a software defined radio.

Section 9:
Please indicate if application is for a Modular Approval. If so, please indicate what type and include a cover letter addressing the modular approval requirements from 15.212.

Section 10:
Provide a brief product description of the device as marketed.

Section 11:
Please indicate the type of Authorization being sought.

Section 12:
Please indicate if device is a composite device or part of a composite system. If 12b is "YES" please complete 12c.

Section 13:
Please complete this section in its entirety. Please note all frequency is in MHz and all power is in Watts. If a rule part has only field strength compliance, leave power column blank. Also, please note, the 3-digit equipment class can be found on the FCC website, https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm.

Section 15:
Please read, check appropriate box and affix signature and title of Applicant from Section 3.