

Timco Engineering, Inc.

TCB Application Form 731

Rev 09May11

For Timco Use Only	
Job Number	
Scope	
Date Filed	
Conf. #	
Grant Note	

Shaded areas are REQUIRED

Item 1. Applicant's complete, legal business name:

Kuls co., Ltd.

Applicant's FCC Registration Number (FRN): 0028534345

Item 2. Applicant's mailing address: *fill in fields, as appropriate*

Line 1: 16, Noksansandan 232-ro, gangseo-gu

Line 2:

KDB Tracking #:

City: Busan

State:

Country: Korea

Zip/Postal Code:

Item 3. Applicant Contact Person:

Must be the same as the FCC Grantee Contact listed in the FCC database. The Name in the FCC Database will be on the Certification.

<https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm>

First Name: Yong-Myung

Last Name: Won

Title: Manager

Telephone: +82-51-941-2339

E-mail: ymwon@kuls.co.kr

Fax No.:

Item 4.	FCC ID consisting of:	Grantee Code: 2ATJK	Equipment Product Code (14 characters maximum): EM100-DEVICE <i>include "dashes" (-) where appropriate</i>
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Item 5. TIMCO's Customer: *All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.*

Firm Name:

LTA CO., LTD.

Telephone:

82313236008

Ext:

Fax: No.:

82313236010

First Name: Ja-Beom

Middle Initial:

Last Name: Koo

Address Line 1: 243, Jubug-ri, Yangji-myeon,

P.O. Box:

Address Line 2:

City: Yongin-Si

State: Gyeonggi-Do

Country (if foreign address): Korea

Zip/Postal Code: 17159

E-mail: cnamaster@ltalab.com

Item 6. Test Firm Used to Take Measurements:

Firm Name:

LTA CO., LTD.

Telephone:

+82-10-2840-8504

Ext.:

Fax No.:

+82+31-323-6010

First Name: Ja-Beom

Middle Initial:

Last Name: Koo

Address Line 1: 243, Jubug-ri, Yangji-myeon,

P.O. Box:

Address Line 2:

City: Yongin-Si

State: Gyeonggi-Do

Country (if foreign address): Korea

Zip/Postal Code: 17159

E-mail: cnamaster@ltalab.com

FCC Registered Test Site Number (Required for Part 15 and 18 applications) or Designation # under MRA or within USA | KR0049

Item 7.

* 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 6/15/2004?

SHORT-TERM request:

☒ Yes ☐ No

☐ 45 days ☐ 90 days ☒ 180 days

* 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

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. Equipment Class: *3-digits required*

DTS (List available for download)

Enter a brief description of the product being marketed.

Data Gathering Terminal (Maximum 50 Characters)

Item 11. *Application is for:☒ 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***Item 12. Is the equipment in this application:**

* (a) a composite device subject to an additional 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 either of the above questions is answered "Yes" complete section 12 (c).***(c) The related application:**☐ has been granted under the FCC ID(s) listed to the right☐ is in the process of being filed under the FCC ID(s) listed to the right☐ is pending with the FCC under the FCC ID(s) listed to the right☐ has a mix of pending and granted statuses under the FCC ID(s) listed to the right

i.

FCC ID:

ii.

FCC ID:

iii.

FCC ID:

iv.

FCC ID:

Item 13. * Equipment will be operated under FCC Rule Part(s): (Must match Test Report. Please specify Exact Rule Part)
15.247**Item 14. EQUIPMENT SPECIFICATIONS:** *Where applicable*

Frequency range in MHz		Rated RF power output IN WATTS	Frequency tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	FCC Rule Part (only use for Multiple Rules)	Grant Notes (Example-CC, MO)
Low Freq	High Freq		Value	%, Hz, ppm			
917.09	923.30	0.018					

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**(Continued on Next Page)**

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

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 issued by the TCB, under the authority of the FCC, 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 different from Applicant'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:** Yong-Myung, Won / Manager (Typed)

***Company Name of Person Signing Application:** Kuls co., Ltd.

NOTE: An asterisk “*” preceding a field indicates it must be completed.

Instructions for completing the Timco Engineering, Inc. TCB Application Form 731

All Shaded areas are required

Item 1, Item 2 and Item 3:

Please complete these sections with the APPLICANT'S contact information. This information will be verified against the information listed in the FCC's database. Changes in Applicant contact information must be handled separately with the FCC. Contact us if changes to the Applicant's information is necessary.

Item 4:

Please enter the FCC ID of the device. The FCC ID consists of the 3-digit Grantee Code and an Equipment Product Code. The Equipment Product Code may consist of up to 14 characters and may contain "dashes" (-). Please remember to use dashes when appropriate.

Item 5:

Timco's Customer Contact - This is Timco's customer. **Only one contact is acceptable:** the organization that submits the application. All correspondence regarding the application will be directed to this contact. When issued, the original Grant and Invoice will be sent to this contact. This contact may not always be the test lab that performed the testing of the device. This contact may be a third-party agent or the Applicant itself. Please complete all areas.

Item 6:

Please indicate the name and location of the Test Laboratory where the testing took place. Please also identify the Test Lab's contact person and their contact information. **For Part 15 and Part 18 applications please record the FCC registered test site number or the Test Labs Designation Number under MRA or within USA.**

Item 7:

Please indicate if a request for confidentiality of certain exhibits is requested with this application. You now can choose between short-term confidentiality or permanent confidentiality. Short-term confidentiality is described in FCC DA 04-1705 dated 6/15/04. A separate cover letter exhibit must be submitted with the application explaining either request for confidentiality. This cover letter must refer to the correct FCC Rules that govern confidentiality, must indicate which exhibits confidentiality is requested for and must provide adequate reason for the request. Additional fees apply. Please note that the release date listed for Short-term Confidentiality must not exceed the 180 days allowed by the FCC from the date of Grant.

Deferral Grant Request- If the applicant wishes to postpone the date of grant they have the option to do so. The Yes box must be checked and a date must be listed. By checking this box you agree to the additional fees assessed for this service.

Item 8:

Please indicate if the application is for modular approval. If yes, please justify the modular type and a separate cover letter must be submitted addressing the modular approval requirements of FCC 15.212.

Item 9:

Please indicate if the application is for authorization of a software-defined radio.

Item 10:

Please provide the 3-digit Equipment Class. Examples of Equipment Classifications include "DXX" for Part 15 Low Power Communication Device Transmitter and "8CC" for Part 18 Consumer Device (different Equipment Classifications may apply for your device). **This list is available for download, "731 Form Equipment Code List".** Please provide a brief description of the device. The description that you enter here will appear on the final Grant of Equipment Authorization. (example: 3G Cell phone, laptop with WiFi and Bluetooth, remote control for toy, or garage door opener, etc.)

Item 11:

Please indicate what type of application is being submitted. With applications for a Change in ID of Previously Authorized Equipment or a Class II Change, a separate cover letter exhibit explaining the details of the change must accompany the application.

Item 12:

Please indicate if the equipment in this application is a composite device or part of a system. Complete Item 12c only if you check "Yes" in Items 12a or 12b.

Item 13:

Please indicate the FCC Rule Part(s) that the equipment will be operated under.

Item 14:

Please complete the appropriate sections for the Equipment Specifications.

Item 15:

Please affix the signature and Title of the authorized Applicant.