



Application for Equipment Authorization (FCC Form 731)

Section One: Contact / General Information

Applicant's Complete, Legal Business Name: **United Mesh Solutions LLC**

Applicant's FCC Registration Number (FRN):

0035855360

Applicant's Mailing Address

Line 1 : **15021 Barlow Dr.**
Line 2 :
P.O. Box :
City : **Waterford**
State : **Virginia**
Country : **USA**
Zip Code : **20197**

Applicant's Direct Point of Contact:

Contact Name : **David Evans**
Contact Email : **dave.evans@unitedmesh.com**

FCC ID: (14 characters max for Product Code)

Grantee Code: **2BK18** Product Code: **-201A**

Note: The hyphen in the product code is an optional character and does not appear automatically. So, if you want a hyphen in your FCC ID, you need to include it as part of your Product Code field.

Technical Contact

Note: Applicant's information is preferred but could be some other company, in addition to the applicant or test lab, who would like to be associated with the certification.

Firm Name : **United Mesh Solutions**
First Name : **Dave**
Middle Name :
Last Name : **Evans**
Line 1 : **15021 Barlow Dr.**
Line 2 :
P.O. Box :
City : **Waterford**
State : **VA**
Country : **USA**
Zip Code : **20197**
Telephone Number : **703-568-7612**
Fax Number :
E-mail : **dave.evans@unitedmesh.com**

Extension:

Non-Technical Contact Note: Applicant's information is preferred but could be some other company, in addition to the applicant or test lab, who would like to be associated with the certification.

Firm Name :
First Name :
Middle Name :
Last Name :
Line 1 :
Line 2 :
P.O. Box :
City :
State :
Country :
Zip Code :
Telephone Number :
Fax Number :
E-mail :

Extension:

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's Rules?

☒ - Yes ☐ - No



Short-Term Confidentiality: (For details see this [LINK](#))

Does short-term confidentiality apply to this application? ☒ - Yes ☐ - No

Note: Additional Fees may apply for this service.

If so, specify the short-term confidentiality release date (MM/DD/YYYY format maximum 180 days from grant):

[Click here to enter a date.](#) or

set the short-term confidentiality release date to specified number of days from grant date

marked below : ☐ - Yes ☐ - No

☐ - 45 days

☐ - 90 days

☐ - 135 days

☒ - 180 days *(Note: Short term confidentiality cannot be extended beyond 180 days from the date of certification.)*

Grant Deferral

Defer Does the applicant desire WLL to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)?

☐ - Yes ☒ - No

If so, specify date when Grant may be issued (MM/DD/YYYY format): [Click here to enter a date.](#)

Software Defined / Cognitive Radio:

Is this application for software defined radio authorization?

☐ - Yes ☒ - No *Note: This refers to the FCC's definition of SDR, as detailed in 47 CFR 2.944 and KDB 442812*

Related OET Knowledge DataBase (KDB) Inquiry:

Is there a KDB inquiry associated with this application?

☐ - Yes ☒ - No

If so, enter the inquiry tracking number(s):

Modular Equipment:

Modular Type?

[Does Not Apply](#)

Equipment Class: *← Note: This is a hyperlink to list the equipment classes*

Equipment Class:

DTS - Digital Transmission System ,

-- Choose an Item -- ,

-- Choose an Item -- ,

-- Choose an Item -- ,

-- Choose an Item -- ,

-- Choose an Item -- ,

-- Choose an Item -- ,

-- If extra Equipment Classes apply, enter here as a list --

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

Note: This should not be a lengthy, detailed description. It can be just a short description based on the application information.

[TAG](#)

Application Purpose:



Washington Laboratories, Ltd
4840 Winchester Blvd Suite 5 Frederick MD 21703
(301) 216-1500

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Application is for:

- ☐ - Original Equipment
- ☐ - Change in Identification of Presently Authorized Equipment
Original FCC ID: [REDACTED] Grant Date: [Click here to enter a 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 Note: No = a single certification with one Equipment Class (not composite,) or
Yes = a single certification with two or more Equipment Classes (composite).

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 Note: This does not apply to products which are simply expected to be used together, but may not be. This only applies to devices which are certified specifically for use together and cannot be used individually.

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: [2BKI8-202A](#)
- ii. FCC ID:
- iii. FCC ID:
- iv. FCC ID:

Test Firm Information Note: If more than one test lab was involved in the testing, please enter the details of the lab which did most of the testing; and provide a cover letter to explain the involvement and details of additional test labs/sites.

Firm Name : [Washington Laboratories](#)

First Name : [Ryan](#)

Last Name : [Mascaro](#)

Line 1 : [4840 Winchester Blvd](#)

Line 2 :

P.O. Box :

City : [Frederick](#)

State : [Maryland](#)

Country : [USA](#)

Zip Code : [21703](#)

Telephone Number : [301-216-1500](#) Extension:

Fax Number : [301-216-1590](#)

E-mail : ryanm@wll.com

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Section Two: Equipment Specifications

Equipment Specifications:

[illegible]

Note : Add Additional Rows to above table as necessary. Optionally if there is a large number of line entries, you may reference another document being provided just to specify the line entries.

Note 1: The lower and upper frequencies are the channel frequencies (center frequency of the lowest and highest channels), not the band frequencies. So for example, Bluetooth would be 2402 MHz and 2480 MHz; it would not be 2400 MHz and 2483.5 MHz. This information is required for all transmitter certifications.

Note 2: The RF power must be the maximum measured value. Choice of peak or average will be determined by the specific FCC rule part. This information is required for all licensed transmitters, and unlicensed transmitters where the output power measurement and limit in the FCC rule is specified in Watts or dBm. It is not necessary to enter the transmitter field strength in cases where the rule part expresses a field strength limit.

Note 3: The Frequency Tolerance is required for all licensed transmitters. It is not required to be listed here for unlicensed transmitters.

Note 4: The Emission Designator is required for all licensed transmitters. It is not required for unlicensed transmitters.

Note 5: The applicable FCC rule part is required for all certification types. For example, with unlicensed transmitters it would be 15.231, 15C, or 15E, etc. For cellular transmitters it might be 22H, or 24E, or 27, etc.

Note 6: The microprocessor model number is not necessary for transmitter certifications. It is optional for digital device certifications.



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Section Three: Certification

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

Read each certification carefully before answering and signing this application

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.

Does the applicant or authorized agent so certify?

☒ - Yes ☐ - No *Note: Please answer truthfully but note that we cannot proceed unless "Yes" is selected.*

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 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 WLL or the FCC upon request, and that WLL and the FCC reserves the right to contact the applicant directly at any time.

Signature of Authorized Person Filing:

Note: This should be the contact person listed on the FCC's website, or their authorized signatory

Title of authorized signature: Certification Services Manager

Complete items below if agent signs application

Firm Name	:	Washington Laboratories
First Name	:	Kimberly
Middle Name	:	
Last Name	:	Colbert
Line 1	:	4840 Winchester Blvd
Line 2	:	Suite 5
P.O. Box	:	
City	:	Frederick
State	:	Maryland
Country	:	USA
Zip Code	:	21703
Telephone Number	:	301-216-1500
Fax Number	:	
E-mail	:	kimc@wll.com