

TCB Form 731

Application for Equipment Authorization

APPLICANT INFORMATION

Applicant's complete, legal business name: Gracewood Management
FCC Registration Number (FRN): 0038689006
Address Line one: 6748S Redwood Rd. West Jordan UT 84084 United States of America
Address Line two:
P.O. Box:
City: West Jordan
State: UT
Zip Code: 84084
Country: United States of America

FCC ID

Grantee Code: 2BXBA
Product Code: -7TOUCH

PERSON AT THE APPLICANT'S ADDRESS TO RECEIVE GRANT OR FOR CONTACT

First Name: Jaren
Middle Name:
Last Name: Gibson
Title: CEO
Telephone Number: 801 809 0485 Extension: 001
Fax Number: 001 801 809 0485
Email: sophia@graceframe.cn
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:
Email:
Mail Stop:

NON-TECHNICAL CONTACT

Firm Name: Gracewood Management
First Name: Jaren
Middle Name:
Last Name: Gibson
Line 1: 6748S Redwood Rd. West Jordan UT 84084 United States of America
Line 2:
P.O. Box:
City: West Jordan
State: UT
Country: United States of America
Zip Code: 84084
Telephone Number: 801 809 0485 Extension: 001
Fax Number:
Email: sophia@graceframe.cn
Mail Stop:

LONG-TERM CONFIDENTIALITY¹

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 ☒ or No ☐

SHORT-TERM CONFIDENTIALITY¹

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

If yes, specify the short-term confidentiality release date. Maximum of 180 days from Grant date (MM/DD/YYYY format):

Or

Set the short-term confidentiality release date to 45 days from Grant date marked below: Yes ☐ or No ☐

GRANT DEFERRAL

Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR § 0.457(d)(1)(ii)?

Yes ☐ or No ☒

If so, specify date when grant may be issued (MM/DD/YYYY format):

SOFTWARE DEFINED RADIO²

Is this application for software defined radio authorization?

Yes ☐ or No ☒

EQUIPMENT CLASS

Equipment Class: DSS, DTS

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

7inch Touch Display

¹ See FCC KDB 726920 D01 Confidentiality Request Procedures

² See FCC Rules & Regulations §2.944 for complete definition

RELATED OET KNOWLEDGE DATABASE INQUIRY

Is there a KDB inquiry associated with this application?

Yes ☐ or No ☒

MODULAR EQUIPMENT

Modular Type:

- ☐ Single Modular Approval
☐ Limited Single Modular Approval
☒ Does Not Apply

APPLICATION PURPOSE

Application is for:

☒ Original Equipment

☐ Change in identification of presently authorized equipment

☐ 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.

☐ Is a Pre-Approved Modular device being used for this application?

Original FCC ID:

Grant Date:

Pre-approved modular FCC ID:

COMPOSITE/RELATED EQUIPMENT

Is the equipment in this application a composite device subject to an additional equipment authorization? Yes ☒ or 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 ☐ or No ☒

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

The related application:

☐ has been granted under the FCC ID listed below:

☒ is in the process of being filed under the FCC ID listed below:

☐ is pending with the FCC under the FCC ID listed below:

☐ has a mix of pending and granted statuses under the FCC ID(s) listed to the right.

FCC ID: 2BXBA-7TOUCH

HAC CAPABILITIES

Does this application include HAC? Yes ☐ or No ☒

Type of HAC: ANSI C63.19 Clause 4 ☐

ANSI C63.19 Clause 4 + T-Coil Clause 6 ☐

EQUIPMENT SPECIFICATIONS

Line Entry	Lower Frequency	Upper Frequency	Power Output (Watts)	Tolerance (insert units)	Emission Designator	Microprocessor Number	Rule Parts	Grant Notes
1	2402	2480	0.00178				15C	DSS
2	2412	2462	0.01476				15C	DTS
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

TEST FIRM INFORMATION

Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

Firm Name: Shenzhen BKC Testing Co., Ltd.
First Name: Levi
Last Name: Xiao
Telephone Number: 13662971642 **Extension:**
Fax Number:
Email: xiaoqiuming@bkc-lab.com

Grant Comments

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

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 ☒ or No ☐

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

Signature of Authorized Person Filing:



Title of authorized signature: CEO

Complete items below if agent signs the application:

Firm Name:
First Name:
Middle Name:
Last Name:
Line 1:
Line 2:
P.O. Box:
City:
State:
Country:
Zip Code: