

FEDERAL COMMUNICATIONS COMMISSION
WASHINGTON, D.C. 20554

GRANT OF EQUIPMENT AUTHORIZATION

Type Acceptance



Furuno USA Inc
4400 NW Pacific Rim Blvd.
Camas WA 98607

Date of Grant: 9/9/98

Application Dated: 6/15/98

Attention: Charles Zanardi, Service Manager

NOT TRANSFERABLE

EQUIPMENT AUTHORIZATION is hereby issued to the named GRANTEE, and is VALID ONLY for
the equipment identified hereon for use under the Commission's Rules and Regulations listed below.

FCC IDENTIFIER

Name of Grantee



Equipment Class : Non-Broadcast Transmitter

Notes: MF Transmitter; Not GMDSS Capable.

Grant Notes

<u>FCC Rule Parts</u>	<u>Frequency Range (MHZ)</u>	<u>Output Watts</u>	<u>Frequency Tolerance</u>	<u>Emission Designator</u>
80.1101,90	1.6 - 27.5	150	10 Hz	2K80J3E
80.1101,90	1.6 - 27.5	150	10 Hz	2K80H3E
80.1101,90	1.6 - 27.5	150	10 Hz	300HF1B

This application was originally granted on 08/28/1998.

COPY

9806178315233002

EA# 90027

FEDERAL COMMUNICATIONS COMMISSION

FCC FORM 731

APPLICATION FOR EQUIPMENT AUTHORIZATION

Approved by OMB
3060-0057

For
FCC
use
only

90024

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

Applicant's complete, legal business name <i>Europa U.S.A., Inc.</i>		Check here if this is a change in name and/or address not previously reported (See 47 CFR §2.934)	
Applicant's mailing address (Line 1) <i>4400 N.W. Pacific Rim Blvd</i>		Bureau Use Only	
Applicant's mailing address (Line 2) (if required) <i>COLUMBIA, MD</i>		Equipment Code: <i>9711</i>	
City <i>Camas</i>		Engineer: <i>F.C.</i>	
State or Country (if foreign address) <i>WA</i>		Examiner: <i>JG</i>	
ZIP/Postal Code <i>98607</i>	3. FCC ID: (a) Grantee Code <i>A D B</i>	(b) Equipment Product Code (14 characters maximum, show zeros as 0) <i>92WFS1503</i>	
Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions) <i>Charles Zanardi Service Manager</i>			
(a) Telephone No. (Area/Country/City code, No. and Ext.) <i>(888) 834-9330</i>		(b) FAX No. (Area/Country/City code and No.) <i>(360) 833-5195</i>	
(c) Internet e-mail address:			

SECTION II - See 47 CFR §1.1103 for Fee Type Codes and Fees. Fee Type Codes are listed in Paragraph C of the attached instructions.

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Enter in Column (B) the result obtained from multiplying the Fee amount for the Fee Type Code in Column (A) by the number entered in Column (B). If requesting more than ONE service, enter additional Fee Type Code(s) in Section III below.

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
<i>E F T</i>	<i>0 0 0 1</i>	<i>\$ 150.00</i>	

SECTION III - Use when requesting more than one service. If only one service is requested, complete only Section II and Section III, Item (5).

(A)	(B)	(C)	FOR FCC USE ONLY
FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	
<i>1</i>	<i>0 0 0 1</i>	<i>\$</i>	
<i>2</i>	<i>0 0 0 1</i>	<i>\$</i>	
<i>3</i>	<i>0 0 0 1</i>	<i>\$</i>	
<i>4</i>	<i>0 0 0 1</i>	<i>\$</i>	
Add all amounts shown in column C, lines (1) through (4), and enter the total here.		TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING	FOR FCC USE ONLY
This amount should equal your enclosed remittance.		<i>\$ 450.00</i>	

SECTION IV - Enter FCC ID from Page 1, Section I

(a) Instead of Applicant, FCC is authorized to mail original Grant to: (See instructions)

Firm name,
number, street,
City, State/Country,
ZIP/Postal Code

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed)

(a) Technical contact: *Furuno U.S.A., Inc.*
Firm name,
contact person, *Charles Zennard*
number, street, *4400 Pacific Rim Blvd*
City, State/Country, *Comps WA 98607*
ZIP/Postal Code

(b) Telephone No. (Area/Country/City code, No. and Ext.)

(888) 834-9330 Ext 5056

(c) FAX No. (Area/Country/City code and No.)

(360) 833-5195

(d) Internet e-mail address:

(e) Non-Technical contact: *Furuno U.S.A., Inc.*
Firm name,
contact person, *Charles Zennard*
number, street, *4400 Pacific Rim Blvd*
City, State/Country, *Comps WA 98607*
ZIP/Postal Code

(f) Telephone No. (Area/Country/City code, No. and Ext.)

(888) 834-9330 Ext 5056

(g) FAX No. (Area/Country/City code and No.)

(360) 833-5195

(h) Internet e-mail address:

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? If "Yes" see instructions.

☐ Yes☒ No

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

☐ Yes☒ No

Type of equipment authorization requested: (check one box only)

☐ Certification☒ Type Acceptance☐ Notification

(a) Equipment Code and description: (See instructions, page 4)

☒ GME SSB Radiotelephone

(b) Equipment will be operated under FCC Rule Part(s):

§0 and 90

Application is for: (Check one box only)

☒ 1. Original equipment
(See instructions)☐ 2. Change in identification of presently authorized equipment☐ 3. Class II permissive change or modification of presently authorized equipment

(See instructions)

ORIGINAL FCC ID

Grant date

EQUIPMENT SPECIFICATIONS: (See instructions)

(a) Frequency range in MHz	(b) Rated RF power output in watts	(c) Frequency tolerance % Hz, ppm	(d) Emission designator (See 47 CFR §2.201 and §2.202)	(e) Microprocessor model number
6 to 27.5 MHz transmit to 29.9 MHz receive	150 watts PEP	± 10 Hz	2K80J3E 2K80H3E 3001HF1B	N/A

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 either of the above questions is answered "Yes" complete items 10.(a) and (b). (See instructions)

COMPLETE, SIGN and DATE Page 3

FCC Form 731 - Page 2 of 3

March, 1997

SECTION IV (continued) - Enter FCC ID from Page 1, Section I

Additional type of equipment authorization required:

☐

Certification

☐

Type Acceptance

☐

Notification

The related application checked in item 10.(a) (Check one box only)

has been filed at the same time as this application under the FCC ID listed below

☐

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

FCC ID

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

Furuno Electric Co., Ltd

Mailing address, number, street, City, State/Country, ZIP/Postal Code

*9-52 Nishinomiya -cho
Nishinomiya City
Japan 662*

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code and No.)

Internet e-mail address:

Number of exhibits submitted with this application:

3

SECTION V - Read each certification carefully before answering and signing this application.

ALL 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).

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

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 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.

Charles J. Zander
Original written signature of authorized signer

6/15/98
Date (Month, Day, Year)

Charles J. Zander
Typed/printed name of authorized signer

Service Manager
Title of authorized signer

Complete items below if an agent signs the application.

Agent's business name, number, street, City, State/Country, ZIP/Postal Code

(c) Telephone No. (Area/Country/City code, No. and Ext.)

(d) FAX No. (Area/Country/City code and No.)

Internet e-mail address:

GRANT OF EQUIPMENT AUTHORIZATION

Type Acceptance

Furuno USA Inc
4400 NW Pacific Rim Blvd.
Camas WA 98607

Date of Grant: 8/28/98

Application Dated: 6/15/98

Attention: Charles Zanardi, Service Manager

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FCC IDENTIFIER

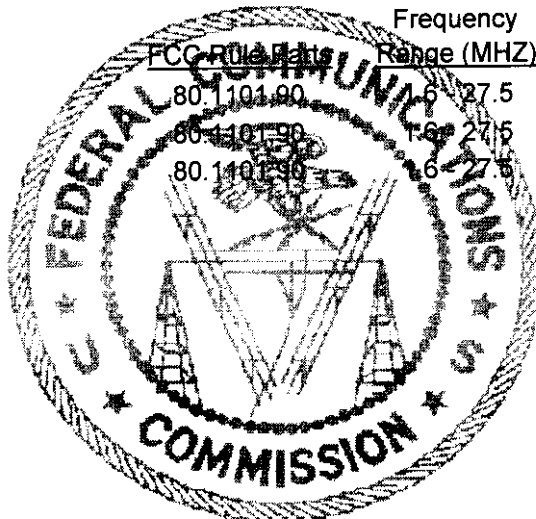
Name of Grantee



Equipment Class: ~~MF Transmitter for GMDSS~~ *TN B*

Note: ~~MF~~ MF Transmitter; NOT GMDSS CAPABLE.

Grant Notes



FCC Rule Part	Frequency Range (MHZ)	Output Watts	Frequency Tolerance	Emission Designator
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80.1101-90	6-27.5	150	10 Hz	300HF1B

9806178315233002

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

APPROVED BY OMB 3060-0589

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

PAGE NO. 1 OF 1

SPECIAL USE

FCC USE ONLY

LOCKBOX # 15259-0001

SECTION A - PAYER INFORMATION

PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

Furuno U.S.A., Inc.

(3) TOTAL AMOUNT PAID (dollars and cents)

STREET ADDRESS LINE NO. 1

4400 N.W. Pacific Rim Blvd.

STREET ADDRESS LINE NO. 2

CITY

Camas

(7) STATE

WA

(8) ZIP CODE

98607

DAYTIME TELEPHONE NUMBER (include area code)

(888) 834-9330

(10) COUNTRY CODE (if not in U.S.A.)

(

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

SECTION B - APPLICANT INFORMATION

APPLICANT NAME (if paying by credit card, enter name exactly as it appears on your card)

STREET ADDRESS LINE NO. 1

STREET ADDRESS LINE NO. 2

CITY

(15) STATE

(16) ZIP CODE

DAYTIME TELEPHONE NUMBER (include area code)

(18) COUNTRY CODE (if not in U.S.A.)

COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEETS (FORM 159-C)

SECTION C - PAYMENT INFORMATION

A) FCC CALL SIGN/OTHER ID

ADB98W

(20A) PAYMENT TYPE CODE (PTC)

E F T

(21A) QUANTITY

1

(22A) FEE DUE FOR (PTC) IN BLOCK 20A

\$ 450.00

FCC USE ONLY

450.00

A) FCC CODE 1

(24A) FCC CODE 2

B) FCC CALL SIGN/OTHER ID

(20B) PAYMENT TYPE CODE (PTC)

(21B) QUANTITY

(22B) FEE DUE FOR (PTC) IN BLOCK 20B

FCC USE ONLY

B) FCC CODE 1

(24B) FCC CODE 2

C) FCC CALL SIGN/OTHER ID

(20C) PAYMENT TYPE CODE (PTC)

(21C) QUANTITY

(22C) FEE DUE FOR (PTC) IN BLOCK 20C

FCC USE ONLY

C) FCC CODE 1

(24C) FCC CODE 2

D) FCC CALL SIGN/OTHER ID

(20D) PAYMENT TYPE CODE (PTC)

(21D) QUANTITY

(22D) FEE DUE FOR (PTC) IN BLOCK 20D

FCC USE ONLY

D) FCC CODE 1

(24D) FCC CODE 2

SECTION D - TAXPAYER INFORMATION (REQUIRED)


Mellon
Bank

05-17-98 0358315 8315233 2 002 22

4400 NW Pacific Rim Blvd
Gaines, WA 98607
360-634-9300

Furuno U.S.A. Inc.

 **BANK OF AMERICA**
11:28
6/15/98

6/15/98

70983

PAY
TO THE
ORDER
OF

FCC
EQUIPMENT APPROVAL SVCS
PO BOX 356315
PITTSBURGH PA 15251-5315

*** FOUR HUNDRED FIFTY AND 00/100 DOLLARS ***

\$450.00

AUTHORIZED SIGNATURE

FEDERAL COMMUNICATIONS COMMISSION
Equipment Authorization Division, Applications Processing Branch
7435 Oakland Mills Road, Columbia, MD 21046
Telephone: (301) 725-1585, Facsimile: (301) 344-2050

Date: August 19, 1998 08:05 pm

From: Bill Inglis Extension: 225

To: Charles Zanardi

Organization: Furuno USA Inc.

Telephone: 888-834-9330 Facsimile: 360-833-5195

This cover sheet is page 1 of _____. Please direct inquiries to the sender at the above extension.

Reference FCC ID: ADB9ZWFS1503

Applicant: Furuno USA Inc

The items indicated below must be submitted before processing can continue on the above referenced application. Failure to provide the requested information within 60 days may result in application dismissal pursuant to Section 2.917(c) and forfeiture of the filing fee pursuant to Section 1.1108

You have submitted an application for type acceptance of an MF transmitter under Part 80 of the Commission's Rules with a classification GMF indicating the transmitter meets the requirements for GMDSS use as specified in Subpart W.

If you intend to license the transmitter for that purpose please address, individually, each Section of 80.1101 which pertains to your transmitter with respect to compliance and include measurement data, as appropriate to demonstrate DCS and NBDP capability. I believe that emission 160HA1A is required for some of the referenced operation.

Replies to this letter MUST contain the Reference Number: 2836

* * * COMMUNICATION RESULT REPORT (AUG.19.1998 8:22PM) * * *

TTI CONG MAIL/OLIA FCC

MODE	OPTION	ADDRESS (GROUP)	RESULT	PAGE
MEMORY TX		81-913608335195	OK	P. 1/1

REASON FOR ERROR

E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION

FEDERAL COMMUNICATIONS COMMISSION
Equipment Authorization Division, Applications Processing Branch
7435 Oakland Mills Road, Columbia, MD 21046
Telephone: (301) 725-1585, Facsimile: (301) 344-2050

Date: August 19, 1998 08:05 pm

From: Bill Inglis Extension: 225

To: Charles Zanardi

Organization: Furuno USA Inc.

Telephone: 888-834-9330 Facsimile: 360-833-5195

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FURUNO U.S.A., INC.
4400 PACIFIC RIM BLVD.
CAMAS WA., 98607
PHONE (888) 834-9400
FAX (360) 833-5195

facsimile transmittal

To: BILL INGLIS Fax: (301) 344-2050

From: CHARLES ZANARDI Date: 08/26/98

Re: REF NO. 2836 (ADB9ZWFS1503) Pages: 2

CC:

☐ Urgent ☐ For Review ☒ Please Comment ☐ Please Reply ☐ Please Recycle

In answer to your fax regarding the Furuno single sideband radiotelephone model FS-1503.

This radio does not meet the GMDSS requirement. When I submitted the application for FCC Type Approval, on the form it requests a code be filled in. Since there is no code for a marine single side band radiotelephone I used the code which closely identifies the type of equipment being submitting.

Please advise which code should be used for marine single sideband radiotelephones and VHF marine radiotelephones.

Regards

Charles Zanardi

LIST OF ENCLOSURES

DRAWING SHOWING LOCATION OF FCC
IDENTIFIER

OPERATORS MANUAL

TECHNICAL INFORMATION
