

Applicant's Complete, Legal Business Name:	IKEA of Sweden AB
Applicant's FCC Registration Number (FRN):	0021625967
Applicant's Mailing Address	
Line 1	Box 702, SE-343 81
Line 1	
P.O. Box	
City	Älmhult
State	
Country	Sweden
Zip Code	

FCC ID:	FHO-LED2401G5NA	(14 characters plus Grantee code)
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Technical Contact		
Firm Name	IKEA of Sweden AB	
First Name	Ivan	
Middle Name		
Last Name	Susak	
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Line 2		
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Telephone Number	+4647681000	Extension:
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E-mail	ivan.susak@inter.ikea.com	

Non-Technical Contact		
☐ Same as technical contact?		
Firm Name		
First Name		
Middle Name		
Last Name		
Line 1		
Line 2		
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City		
State		
Country		
Zip Code		
Telephone Number		Extension:
Fax Number		
E-mail		

Long-Term Confidentiality KDB 726920 https://apps.fcc.gov/oetcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=41731
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 KDB 726920

<https://apps.fcc.gov/oetcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=41731>

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

If so, specify the short-term confidentiality release date (MM/DD/YYYY):
or set the short-term confidentiality release date to specified number of days from grant date below:

☐ 45 days ☐ 90 days ☐ 135 days ☐ 180 days

Grant Deferral

Defer Does the applicant desire 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):

Software Defined / Cognitive Radio KDB 442812

<https://apps.fcc.gov/oetcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=41680>

Is this application for software defined radio authorization?

☐ - Yes ☒ - No

Related OET Knowledge DataBase (KDB) Inquiry

Is there a KDB inquiry associated with this application?

☐ - No ☒ - Yes, FCC tracking number(s) [REQUIRED]

Modular Equipment KDB 996369

<https://apps.fcc.gov/oetcf/kdb/forms/FTSSearchResultPage.cfm?switch=P&id=44637>

Modular Type:

Full?

LMA?

Description of Product as it is marketed (please limit to 80 characters max)

Self-ballasted LED lamps

Application Purpose

Application is for:

☒ - Original Equipment

☐ - Change in Identification of Presently Authorized Equipment

Original FCC ID: Grant 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

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

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: FHO-LED2401G5NA

ii. FCC ID:

iii. FCC ID:

iv. FCC ID:

Test Firm Information			
Firm Name	TUV Rheinland (Shanghai) Co., Ltd		
First Name	Audrey		
Last Name	Zhao		
Line 1	Workshop14, North Half of Workshop 10 and Workshop 16, Pingqian (Taicang) Modern Industrial Park		
Line 2	No.525, Yuewang Lingang South Road, Shaxi		
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State			
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Zip Code			
Telephone Number	+86 21 6081 1937	Extension	
Fax Number			
E-mail	Audrey.Zhao@tuv.com		
Test Site Number	930979		
Accredited By	A2LA		

[illegible]

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

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 TUV RHEINLAND OF NORTH AMERICA or the FCC upon request, and that TUV RHEINLAND OF NORTH AMERICA and the FCC reserves the right to contact the applicant directly at any time.

Signature of Authorized Person Filing

Hongfei Wu

Printed Name of Authorized Person Filing

Hongfei Wu

Title of Authorized Signature

Project Manager

Complete items below if agent signs application

Firm Name	TUV Rheinland (Shanghai) Co., Ltd
First Name	Hongfei
Middle Name	
Last Name	Wu
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