

Application for Equipment Authorisation by BABT operating as a US TCB for licensed and unlicensed Radio devices, and unintentional radiators



Introduction

This application form should normally be used for applications for evaluation and filing by BABT as a TCB. It replaces FCC form 731 where applications are made through BABT. The form consists of a number of individual sections, which should be completed as appropriate. Note: BABT will accept applications using FCC Form 731 but will still require section F and Annex I of this form to be completed.

Section A. Main Contact details (FCC Items 1, 2, and 4)

Please write here the company name, and contact details to be used in the progression of the application.

Name of the main contact: Marco Belli.....

(This person must be within the organisational structure of the applying company and may not be a consultant)

Job Title and/or Department Reference: Regulatory Engineer.....

Company Name: Symbol Technologies Inc

Address: One Symbol Plaza.....

Holtsville

New York.....

.....

Postcode/Zip Code: 11742 Country: USA

Prime Telephone Number: +44 01189457313

Fax Number: +44 01189457274.....

e-mail Address: marco.belli@uk.symbol.com.....

Is this person the named Grantee contact ?

YES

☐

If "NO" do you wish them named as the Technical Contact ?

YES

NO

If "NO" to the Grantee contact do you wish them named as the Non-Technical Contact ?

YES

NO

Note: If you state "YES" to either of the above two questions you do not need to complete the appropriate sections overleaf

Section B. Details of other contacts

Please complete this section as appropriate. Where details are omitted the applicant is assumed to perform that function

B.1.1 Technical Contact (FCC Item 6)

Name:

Job Title and/or Department Reference:

Address:

.....

.....

Telephone Number:Fax Number:

e-mail Address:

B.1.2 Non-Technical Contact (FCC Item 7)

Name:

Job Title and/or Department Reference:

Address:

.....

.....

Telephone Number:Fax Number:

e-mail Address:

B.1.3 Certificate Company Name and address (FCC Item 5)

Where you wish the BABT Certificate and TCB grant to be sent to a contact, or address which differs from the applicant please complete this section

Name:

Job Title and/or Department Reference:

Address:

.....

.....

Telephone Number:Fax Number:

e-mail Address:

B.1.4 Invoicing Duty

If the invoice should be sent to someone at this address please provide

Name: Phil Dolling.....

Job Title and/or Department Reference:

Address:

Telephone Number: 01329 443502Fax Number:

e-mail Address: phil.dolling@babt.com

B.1.5 Consultant

Where you wish a consultant or other person outside your organisational structure to be involved with the application please provide the following details. Where you complete this section you should include an appropriate letter within Exhibit 13

Name of Consultant: Phil Dolling

Company:

Address:

Telephone Number: 01329 443502Fax Number:

e-mail Address: phil.dolling@babt.com

Section C. Your Grant Requirements**C.1 Type of Application**

Please indicate the type of application you require by marking the appropriate box:

Original ☒ **Class 2 Permissive Change** ☐

Note: Class 1 Permissive Changes are made under the manufacturers responsibility and should not be submitted to BABT

C.2 Grant Type

Please complete these as appropriate.

C.2.1 Radio Modules

Is the equipment in this application a radio module intended for use in other products

Yes

If yes is the module intended only for use with a host (or hosts) listed on the grant

No

Where you only intend using listed host/hosts please list the hosts (with their FCC ids where appropriate)

Note: Please indicate where an application for a grant for a listed host is in progress or has not yet been submitted

C.3 Additional information:(FCC Items 8 and 9)

Confidentiality Do you request any portion of the data contained in this application to to be treated with confidentiality pursuant to 47 CFR 0.459 of the FCC rules <i>(circle or indicate as applicable)</i> <i>Note: If selected you must include a covering request letter with your application</i>	Yes	
Deferred Grant If you wish BABT to defer uploading the grant until a specified date (pursuant to 47 CFR 0.459 of the FCC rules) <i>(please circle or indicate as applicable)</i> If "YES" please indicate the earliest date you wish the grant to be uploaded: :		No

C.4 Ongoing Surveillance

Please indicate which ongoing surveillance option you wish to use:

Manufacture in a BABT Certified Manufacturing location (e.g. in a location with a PQC, FQA, or ISO 9000 certificate from BABT) Where this option is taken please indicate the Location and Certificate number of your manufacturing location Location: Cert No.:	☐
Under the TCB market surveillance route	X

Section D. Product Details**D.1 Product name and details**

Please give the product name(s) which are the subject of this application. Give the name and, if applicable the model or catalogue number of each product.

The name of this product is the Main Terminal Module (MTM).....

The model number of the product is: 21-64436

.....

D.2 Brief Description of this product (FCC Item 10)

Please give brief details of the purpose and type of the product. This is intended to assist in correlating the requested certification with the standards requested and degree of testing needed.

The MTM has an embedded radio offering 2.4GHz 802.11b wireless LAN connectivity.

It is a combination CPU/Radio Assembly and it is intended to be integrated or embedded..

in a variety of Symbol host products (ie PDA's, terminals).....

.....

D.3 FRN (FCC Main form)

Please complete one of the following:

The application is made under the following FRN	0004074175
I have no FRN and hereby authorise BABT to apply for one on my behalf	Signed:

D.4 FCC Id [Grantee Code (FCC Main form) & Equipment Product Code(FCC Item 3)]

Where **you have a grantee code** please detail the FCC id to be used for this grant

Grantee Code (3 chars)	Equipment product code(up to 14 characters, show zeros as Ø, no spaces)
H9P	2164436

Where **you do not have a grantee code** and wish BABT to obtain one please complete the following

I have no current Grantee code and hereby authorise BABT to apply for one on my behalf	Signed:
The following is my preferred FCC id: { Please check on FCC Website to see if already used }	
The Equipment Product code I intend to use with this product is as follows (up to 14 characters, show zeros as Ø, no spaces)	

Note: BABT will not be able to complete the evaluation without evidence of a label showing a valid FCC id

D.5 Product Installation Category

Please indicate the type of installation intended for your product. (Select only one)

Fixed Intentional Radiator ☐

Mobile Intentional radiator ☐

Portable Intentional Radiator ☒

Unintentional Radiator ☐

Note for Unintentional Radiators Section E is not required to be completed but the Microprocessor model number (where appropriate) will be required for the grant.

D.6 Number of Radiators

Please identify all the transmitters to be considered with this application

(where a transmitter can use different frequencies under the same equipment code list only once[e.g. GSM transmitter able to use 850 and 1900 kHz under Parts 22 and 24 respectively]; for unintentional radiators state "none",)

Type of Radio	FCC Equipment Authorisation Code	Where more than one radio, List other Radios which can transmit at the same time	If this is a radio module included with this product under another FCC id list that FCC id.
Symbol 2.4GHz WLAN	DSS		

Note: where more than one radio transmitter is present BABT will confirm with you whether to progress this as a composite device using the same FCC id, or seek separate FCC ids for each radiator .

D.7 Ancillary Equipment

Please list all ancillary equipment to be considered and included in the equipment authorisation. (e.g. Headsets, belt clips, alternative power sources etc)

(Note: if you have a headset port ,microphone, or speaker please also declare them)

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D.8 Sub-equipped/de-configured Product There is no intention to sub-equip.

Where your product is additionally available in an sub-equipped or de-configured version which is not electrically identical (e.g. The fully configured device has two transmitters but the product is also sold with only the main transmitter) then an additional equipment Authorisation (Grant) with a different FCC id will be required. [Refer to Part 2 clause 2.924]

Where you wish BABT to progress such applications in parallel please complete the following

Model number	Differences to the main application	FCC id for this model

Section E. Transmitter Details

Please complete this section for the highest power output transmitter. Where other radiators are intended to be listed under the same FCC id then please complete a copy of Section G for each additional transmitter type.

E.1 Radio Type

Please describe the type and intended use of this radio:

WLAN

E.2 Equipment Authorisation Coding (FCC Item 10)

Please identify the appropriate equipment code for this radio: DSS

E.3 FCC Rules (FCC Item 10)

Please list the FCC 47 Rule parts under which the Equipment will be operated:

Pt 15C

E.4 Equipment Specifications(FCC Item 12)

Please provide a separate entry for each type of coding/use of the specific transmitting device (e.g. A Dual band GSM radio capable of GPRS may require 4 entries (850 kHz GSM; 850 kHz GPRS; 1900 GSM; 1900 GPRS)

Frequency Range	Operating Mode	Rated RF Power output in watts	Frequency tolerance %, Hz ppm	Emission designator (see FCC 47 CFR 2.201 and 2.202)
2412 to 2462MHz	WLAN	0.1	PM	11M0FID

Section F. Summary and Agreement

This section must be completed by the applicant named in Section A1

I hereby certify that neither I nor any party to this application is subject to a denial of U.S. Federal benefits , that include FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, U.S.C. 862 because of conviction for possession or distribution of controlled substance. *Refer to Part 1 1.2002(b) for the definition of "party".*

And

I (We) hereby apply for a Grant for Equipment Authorisation issued by and agree to conform to the BABT Certification Regulations

I have completed this application with the following:

one copy of sections A through E, and 0 copies of section G

one copy of Annex I with accompanying data. (delete if not applicable)

Signed on behalf of the applicant
Authorised signatory

Marco Belli

Name in CAPITALS

Marco Belli

Date

17 November 2003.....

Please send your application to

BABT, Claremont House, 34 Molesey Road, Hersham, Walton-on-Thames, Surrey, KT12 4RQ, UK.

National Tel: 01932 251200

Fax: 01932 251201

International Tel +44 1932 251200

Fax: +44 1932 251201

Web Address: <http://www.babt.com>

Email: babt@babt.com