

88633



FCCID: NSAMSEC01 File: 31010/EQU 4-3-5 Application Type: Cert

Grantee : Microlink Ltd  
: 11 Wingate St.  
: Herzelia Israel 46643

Attention : Uri Naor

Mail to : Moti Altahan

Fee Serial # : 021098 8315534 007

Equipment Class : (JBP) Class B Computing Device Peripheral

| Note(s) | Rule | Part(s) | Freq Range MHz | RF Power | Freq Tol | Emiss Desig |
|---------|------|---------|----------------|----------|----------|-------------|
| -       |      | 15      | -              | -        | -        | -           |

Application Date : 020198  
App Receipt Date : 021098

Grant Date : BLANK  
Org Grant Date : BLANK  
Expiration Date : BLANK

Sample Status : BLANK  
Confidentiality Code : N  
Related App ID : BLANK

Stat/Way Code and Stat/Way Date:  
LI/JG AR/JG RA/IB  
021998 021998 2-25

Internal remarks: BLANK

Remarks: BLANK

Notes: BLANK

jg

WING

**SECTION IV - Enter FCC ID from Page 1, Section I** **NSA MSEC 01**

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

Firm name, number, street, City, State/Country, ZIP/Postal Code  
**Microlink Ltd.**  
**11 Wingate St.**  
**Herzeliya 46643**  
**Israel**

(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)

**Moti Altahan, Hardware Engineer**

2.(a) Technical contact:  
 Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code  
**ITL (Product Testing) Ltd.**  
**Ishaiahon Raz**  
**P.O. Box 211**  
**Or Yehuda 60251**  
**Israel**

(b) Telephone No. (Area/Country/City code, No. and Ext.)  
**+ 972-8-979-7799**

(c) FAX No. (Area/Country/City code and No.)  
**+ 972-8-979-7702**

(d) Internet e-mail address: **standard@itl.co.il**

(e) Non-Technical contact:  
 Firm name, contact person, number, street, City, State/Country, ZIP/Postal Code  
**Microlink Ltd.**  
**Moti Altahan**  
**11 Wingate St.**  
**Herzeliya 46643**  
**Israel**

(f) Telephone No. (Area/Country/City code, No. and Ext.)  
**+ 972-9-957-5695**

(g) FAX No. (Area/Country/City code and No.)  
**+ 972-9-957-2867**

(h) Internet e-mail address: **microlink@shani.net**

3. 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

4. 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

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

☒ Certification

☐ Type Acceptance

☐ Notification

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

**J B P Class B Computing Device Peripheral**

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

**15**

7. 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

8. 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

**N/A**

**N/A**

**N/A**

**N/A**

**Texas Instruments**  
**TMS3804C542**

9. 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)

# FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB  
3060-0057

## FCC FORM 731

### APPLICATION FOR EQUIPMENT AUTHORIZATION

For  
FCC  
use  
only

#### SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

|                                                                                                                                                            |                                 |                                                                                                                        |                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. Applicant's complete, legal business name<br><b>MICROLINK Ltd.</b>                                                                                      |                                 | <input type="checkbox"/> Check here if this is a change in name and/or address not previously used (See 47 CFR §2.934) |                                                                                         |
| 2. Applicant's mailing address (Line 1)<br><b>11 WINGATE ST.</b>                                                                                           |                                 | Bureau Use Only<br>Equipment Code: <b>JD</b>                                                                           |                                                                                         |
| Applicant's mailing address (Line 2) (if required)<br><b>FEB 17 1998</b>                                                                                   |                                 | Engineer: <b>JD</b>                                                                                                    |                                                                                         |
| City<br><b>HERZELIA</b>                                                                                                                                    |                                 | Examiner: <b>JG</b>                                                                                                    |                                                                                         |
| State or Country (if foreign address)<br><b>ISRAEL</b>                                                                                                     | ZIP/Postal Code<br><b>46643</b> | 3. FCC ID:<br>(a) Grantee Code<br><b>NISA</b>                                                                          | (b) Equipment Product Code<br>(14 characters maximum, show zeros as 0)<br><b>MSEC01</b> |
| 4. Name, Title and Mail Stop, if any, of person at the applicant's address to receive grant, or for contact: (See instructions)<br><b>URI NAOR, C.E.O.</b> |                                 |                                                                                                                        |                                                                                         |
| 5. (a) Telephone No. (Area/Country/City code, No. and Ext.)<br><b>+972-9-957-5695</b>                                                                      |                                 | (b) FAX No. (Area/Country/City code and No.)<br><b>+972-9-957-2867</b>                                                 |                                                                                         |
| (c) Internet e-mail address: <b>microlink@shani.net</b>                                                                                                    |                                 |                                                                                                                        |                                                                                         |

#### 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 (C) 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)                                     |                  |
|------------------|----------------|-----------------------------------------|------------------|
| FEE TYPE CODE    | FEE MULTIPLE   | FEE DUE FOR FEE TYPE CODE IN COLUMN (A) | FOR FCC USE ONLY |
| (1) <b>E G C</b> | <b>0 0 0 1</b> | <b>\$ 895.00</b>                        |                  |

#### 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)                                                                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|------------------|
| FEE TYPE CODE                                                                                                                                 | FEE MULTIPLE   | FEE DUE FOR FEE TYPE CODE IN COLUMN (A)                                   | FOR FCC USE ONLY |
| (2) <input type="text"/>                                                                                                                      | <b>0 0 0 1</b> | \$ <input type="text"/>                                                   |                  |
| (3) <input type="text"/>                                                                                                                      | <b>0 0 0 1</b> | \$ <input type="text"/>                                                   |                  |
| (4) <input type="text"/>                                                                                                                      | <b>0 0 0 1</b> | \$ <input type="text"/>                                                   |                  |
| (5) Add all amounts shown in column C, lines (1) through (4), and enter the total here.<br>This amount should equal your enclosed remittance. |                | TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING<br><b>\$ 895.00</b> | FOR FCC USE ONLY |