

Bay Area Compliance Laboratory, Corp.	For BACL Use Only	
	Job Number	
TCB Application Form 731	Scope	
	Date Filed	
	Conf. #	
	Grant Note	

Item 1, Applicant's complete, legal Name: Intersil Corporation			
Applicant's FCC Registration Number (FRN): 0005-7931-04			
Item 2, Applicant's mailing address			
Line 1: 2401 Palm Bay Road			
Line 2:			
P.O. Box:			
City: Palm Bay			
State: Florida		Country (if foreign address): USA	
		Zip/Postal Code: 32901	
Item 3, FCC ID		EUT Code (14 characters maximum):	
Consisting of:		37704C	
Grantee Code OSZ			
Item 4, Person to receive grant: this is the APPLICANT's contact person, NOT the Test Lab's			
First Name: Derick		Mail Stop: Rembrandtlaan 1a, 3723BG Bilthoven, The Netherlands	
Last Name: Sariredjo		Telephone: +31 30 225 9742	
Title: Regulatory Engineer		Fax No.: +31 30 229 6061	
Email: derick.sariredjo@intersil.com			
Item 5, Test Firm Contact(if different than applicant):			
Firm Name: TNO Electronic Products & Services (EPS) B.V.		Telephone: +31 594 50 5005	Ext. Fax No. +31 594 50 4804
First Name: Pieter		Middle Initial: A.J.M.	Last Name: Robben
Address Line 1: Smidshornerweg 18		P.O. Box:	
Address Line 2:		City: Niekerk	State:
Country (if foreign address): The Netherlands		Zip/Postal Code: 9822TL	
Email: robben@eps.tno.nl			
Item 6a, Name of Test Firm and Contact Person on File with the FCC: TNO Electronic Products & Services (EPS) B.V. contact person : P. De Beer			
Item 6b, (if applicant is for Part 15 or 18 then FCC Registered Test Site number is Required)			90828
Item 7, Non-Technical Contact if Different: same as item 4			
Firm Name:		Telephone:	Ext.: Fax No.:
First Name:		Middle Initial:	Last Name:
Address Line 1:			
Address Line 2:			
Address Line 2:		City:	State:
Country (if foreign address):		Zip/Postal Code:	
Email:			
Item 8, * Does this applicant 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?			[X] Yes [] No

[illegible]

Item 14. 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 TCB, under the Authority of 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 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 at any time.

*** Signature of Authorized Applicant:****Title of Authorized Signature: Derick Sariredjo, Regulatory engineer, Intersil Corp.****Complete items below if an agent signs the application**

Firm Name:	Telephone:	Ext.	Fax No.:
First Name:	Middle Initial:	Last Name:	
Address Line 1:		P.O. Box:	
Address Line 2:			
City:	State:	Country (if foreign address)	Zip/Postal Code:

NOTE: An asterisk "*" preceding a field indicates it must be completed.