FEDERAL COMMUNICATIONS COMMISSION - FCC FORM 731
APPLICATION FOR EQUIPMENT AUTHORIZATION

Approved by OMB
3060 - 0934
Expires 02/28/2005

Item 1. Applicant's complete, legal business name: Know-How Development Limited.

Item 2. Applicant's mailing address
Line 1: Unit D, 4/F., Luk Hop Ind. Bldg., 8 Luk Hop Street, San Po Kong, Kowloon, Hong Kong.
Line 2:
P.O.Box:
City:
State:
Country (if foreign address): China **Zip/Postal Code:**

Item 3. FCC ID: **Grantee code:** OWF

Equipment Product Code (14 characters maximum): -WSTC

Item 4. Person at the applicant's address to receive grant or for contact:
First Name: KC **Mail Stop:**
Last Name: Lee **Telephone:** 852 26661807 **Ext:**
Title: Manager
E-mail: kc_lee@hkstc.com **Fax No:**

Item 5. Instead of Applicant, the original Grant is authorized to be mailed to:
The Hong Kong Standards and Testing Centre Ltd.
10 Dai Wang Street, Tai Po Industrial Estate, N.T., Hong Kong.
Contact: KC Lee
E-mail: kc_lee@hkstc.com

Item 6. Technical Contact:
Firm Name: The Hong Kong Standards and Testing Centre Ltd. **Telephone:** 852 26661807 **Ext:**
Fax No: 852 2665 0848
First Name: KC **Middle Initial:** **Last Name:** Lee
Address Line 1: 10 Dai Wang Street, **P.O.Box:**
Address Line 2: Tai Po Industrial Estate **City:**
Country (if foreign address): Hong Kong **Zip/Postal Code:**
E-mail: kc_lee@hkstc.com

Item 7. Non-Technical Contact:
Firm Name: The Hong Kong Standards and Testing Centre Ltd. **Telephone:** 852 26661807 **Ext:**
Fax No: 852 2665 0848
First Name: KC **Middle Initial:** **Last Name:** Lee
Address Line 1: 10 Dai Wang Street, **P.O.Box:**
Address Line 2: Tai Po Industrial Estate **City:**
Country (if foreign address): Hong Kong **Zip/Postal Code:**
E-mail: kc_lee@hkstc.com

Item 8. * 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 Rules? If "Yes" see instructions.	**(please mark as appropriate)** x No

Item 9. Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructions)
If so, specify date when grant may be issued (MM/DD/YYYY format):

Item 10.
*** Equipment Class:** DSC

*** Description of Product as it is Marketed:** Part 15 Security/Remote Control Transmitter
(NOTE: 433MHz RF weather Band (1 Transmitter + 1 Channel**)**

Item 11. * Application is for: (please mark as appropriate)
x **Original Equipment (See instructions)**
O **Change in identification of presently authorized equipment: Original FCC ID:**
Grant Date (MM/DD/YYYY format):
O **Class II permissive change or modification of presently authorized equipment (See instructions)**

Item 12. Is the equipment in this application:	
*** (a) a composite device subject to an additional equipment authorization?**	O **Yes** x **No**
*** (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?**	O **Yes** x **No**
If either of the above questions is answered "Yes" complete section 12(c).	

(c) The related application:	FCC ID
O has been granted under the FCC ID listed to the right O is in the process of being filed under the FCC ID listed to the right O is pending with the FCC under the FCC ID listed to the right	

Item 13. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:

Firm Name: The Hong Kong Standards & Testing Centre Ltd. **Last Name:** KC

Telephone 26661852 **Ext** **Fax No.** 26650848 **E-mail:** kc_lee@hkstc.com

Item 14. Enter any text that you would like to appear at the bottom of the Grant of Equipment Authorization.

Read each certification carefully before answering and signing this application

Equipment Specifications:

Rule Part	Frequency Range (MHz)	Power (W)	Frequency Tolerance and Units	Emission Designator	Note Codes
15	433.89				

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 CONSTITUTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Item 15. *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? **x Yes** O **No**

Item 16. 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.

* Signature of Authorized Person Filing:	Title of authorized signature:
Marie Ann Confroy	TCB Administrator

Complete items below if an agent signs the application

Firm Name: The Hong Kong Standards and Testing Centre Ltd.

Address Line 1: 10 Dai Wang Street, **P.O.Box:**

Address Line 2: Tai Po Industrial Estate, N.T, **City:**

Country (if foreign address): Hong Kong **Zip/Postal Code:**

Person at above address to receive Grant:

First Name: KC **Last Name:** LEE

Title: Manager **Mail Stop:**

NOTE: An asterisk '*' preceding a field indicates it must be completed before this application can be submitted.