



Federal Communications Commission

Application for Equipment Authorization (Form 731)

Please enter the following information:

Grantee Code:*

Equipment Code:*

Name of Test Firm:

Test Firm State:

Test Firm Country:

FCC Registration Number (FRN): *

* - Indicates that this field must be completed before entry into Form 731

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FCC - Federal Communications Commission - FCC_731

FEDERAL COMMUNICATIONS COMMISSION - FCC FORM
731
APPLICATION FOR EQUIPMENT AUTHORIZATION

Approved by OMB
3060 - 0057
Expires 9/30/00

You will be presented with the FCC FORM 159, Fee Remittance Advice after submitting your application and obtaining a confirmation n

Item 1. Applicant's complete, legal business name: CARDIONET

Item 2. Applicant's mailing address

Line 1: 510 Market Street

Line 2:

P.O.Box:

City: San Diego

State: CA **Country(if foreign address):** **Zip/Postal Code:** 92101

Item 3. FCC ID: Grantee code: QBI *** Equipment Product Code (14 characters maximum):** 21001

Item 4. Person at the applicant's address to receive grant or for contact:

First Name: Doug

Last Name: Eveland

Title: Senior Vice President

E-mail: doug.eveland@cardionet.com

Mail Stop:

Telephone: 619 243 7500 E

Fax No: 619 243 7700

Item 5. Instead of Applicant, FCC is authorized to mail original Grant to:

Firm Name:

Address Line 1:

P.O.Box:

Address Line 2:

City:

Country(if foreign address):

Zip/Postal Code:

Person at above address to receive Grant:

First Name:

Last Name:

Title:

Mail Stop:

Item 6. Technical Contact:

Firm Name:

TUV Product Service

Telephone:

858 546 3999

Ext:

419

Fax No:

858 546 0364

First Name:

Middle Initial:

F

Last Name:

Evans

Address Line 1:

10040 Mesa Rim Road

P.O.Box:

Address Line 2:

City:

San Diego

Country(if foreign address):

Zip/Postal Code:

92121

E-mail:

jevans@tuvam.com

Item 7. Non-Technical Contact:

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

Item 8. * Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to the Commission Rules?

☒ Yes ☐ No

If "Yes" see instructions.

Item 9. * Does the applicant request that the Commission defer grant of this application pursuant 47 CFR § 0.457(d)(1)(ii)? (See instructions)

☐ Yes ☒ No

If so, specify date when grant may be issued (MM/DD/YYYY format):

Item 10. * Is this an application for software defined radio authorization?

☐ Yes ☒ No

Item 11. Equipment Code:

*** Description of Product as it is Marketed:**

TNB -Licensed Non-Broadcast Station Transmitter

CardioNet Ambulatory ECG System & Arrhythmia Detector

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

Part 22

Item 12. * Application is for:

☒ Original Equipment (See instructions)

☐ Change in identification of presently authorized equipment:

Original FCC ID: Grant Date (MM/DD/YYYY format):

☐ 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

Item 13. EQUIPMENT SPECIFICATIONS: (See instructions)

Frequency range in MHz		Rated RF power output in watts	Frequency tolerance		Emission designator (See 47 CFR § 2.201 and § 2.202)
824	849	251	2.5	ppm ▼	28k8fxw
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	
				▼	

Item 14. Is the equipment in this application:

* (a) a composite device subject to an additional 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 section 13(c).*

(c) The related application:

☒ has been filed at same time as this application under the FCC ID listed to the right☐ has been granted under the FCC ID listed to the right☐ is in the process of being filed under the FCC ID listed to the right☐ is pending with the FCC under the FCC ID listed to the right**FCC ID**

QBI-1001

Item 15. Name of test firm and contact person on file with the FCC, if different from applicant or contact person:**Firm Name:**

TUV Product Service -Taylors Falls ▼

First Name:

Judy

Last Name:

Evans

Telephone:

858 546 3999

Ext:

419

Fax No:

858 546 0364

E-mail:

jevans@tuvam.com

Read each certification carefully before answering and signing this application**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND IMPRISONMENT (18 U.S.C. TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTITUTION PER CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).****Item 16. 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 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

Item 17. 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 knowledge and belief. IN accepting a Grant of Equipment Authorization issued by the FCC as a result of the representations made in this application is responsible for (1) labeling the equipment with the exact FCC ID specified in this application, (2) compliance statement labelin applicable rules, and (3) compliance of the equipment with the applicable technical rules. If the applicant is not the actual manufacturer o appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment will continue to comp technical requirements.

Authorizing an agent to sign this application, is done solely at the applicant's discretion; however, the applicant remains responsible for al application.

If an agent has signed this application on behalf of the applicant, a written letter of authorization which includes information to enable th the above section 5301 (Anti-Drug Abuse) Certification statement has been provided by the applicant. It is understood that the letter of at 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:**

Judy Evans

Title of authorized signature:

Technical Writer

Complete items below if an agent signs the application

Firm Name:

TUV Product Service

Telephone:

858 546 3999

Ext:

419

Fax No:

858 546 0364

First Name:

Judy

Middle Initial: Last Name:

F

Evans

Address Line 1:

10040 Mesa Rim Road

P.O.Box:

Address Line 2:

City:

San Diego

State:

CA

Country(if foreign address): Zip/Postal Code:

92121

E-mail:

jevans@tuvam.com

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

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*Mail your comments or suggestions (To: btaube@fcc.gov)
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Payment Summary

Applicant	Applicant's TIN	Quantity	Fee Due
CARDIONET		1	\$145.00
CARDIONET		1	\$495.00

Total Amount Due: \$640.00

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What does "View Form 159" mean?

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What does "Pay Now By Credit Card" mean?



YOUR TRANSACTION HAS BEEN APPROVED AND FORM 159 HAS BEEN SUBMITTED.

FOR YOUR RECORDS, PLEASE NOTE THE FOLLOWING:

- REMITTANCE ID NUMBER: **226837**
- AUTHORIZATION NUMBER: **026874**

Print form and retain for your records.

Printed 159 Form

To close this window, use this button below:

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Remittance ID:226837 Authorization Number:026874 -- Successful Authorization -- FILE COPY ONLY!! --

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE PAGE NO 1 OF 1	APPROVED BY OMB 3060-058
(1) LOCKBOX #358315	SPECIAL USE	
		FCC USE ONLY
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) BABT Product Service		(3) TOTAL AMOUNT PAID (dollars and cents) \$640.00
(4) STREET ADDRESS LINE NO. 1 5541 Central Avenue		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Boulder	(7) STATE CO	(8) ZIP CODE 80301
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 303 - 4025241		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0005093349		(12) PAYER (TIN) 043404235
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME CARDIONET		
(14) STREET ADDRESS LINE NO. 1 510 Market Street		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY San Diego	(17) STATE CA	(18) ZIP CODE 92101
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 619 243 7500		(20) COUNTRY CODE (IF NOT IN U.S.A.)
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0006907885		(22) APPLICANT (TIN) 0
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC) EBC	(25A) Quantity 1
(26A) Fee Due for (PTC) \$145.00	(27A) Total Fee \$145.00	FCC Use Only
(28A) FCC CODE 1 QBI-1001	(29A) FCC CODE 2 13EA405725	

(23B) FCC Call Sign/Other ID	(24B) Payment Type Code(PTC) EFT	(25B) Quantity 1
(26B) Fee Due for (PTC) \$495.00	(27B) Total Fee \$495.00	FCC Use Only
(28B) FCC CODE 1 QBI-1001	(29B) FCC CODE 2 13EA405725	

Payment Summary

Applicant	Applicant's TIN	Quantity	Fee Due
CARDIONET		1	\$985.00

Total Amount Due: \$985.00

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[Pay Now By Credit Card](#)

What does "Pay Now By Credit Card" mean?

Logo

YOUR TRANSACTION HAS BEEN APPROVED AND FORM 159 HAS BEEN SUBMITTED.

FOR YOUR RECORDS, PLEASE NOTE THE FOLLOWING:

- REMITTANCE ID NUMBER: **226840**
- AUTHORIZATION NUMBER: **026274**

Print form and retain for your records.

[Printed 159 Form](#)

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Remittance ID:226840 Authorization Number:026274 -- Successful Authorization -- FILE COPY ONLY!! --

READ INSTRUCTIONS CAREFULLY BEFORE PROCEEDING	FEDERAL COMMUNICATIONS COMMISSION REMITTANCE ADVICE PAGE NO 1 OF 1	APPROVED BY OMB 3060-058 SPECIAL USE FCC USE ONLY
(1) LOCKBOX #358315		
SECTION A - Payer Information		
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) BABT Product Service		(3) TOTAL AMOUNT PAID (dollars and cents) \$985.00
(4) STREET ADDRESS LINE NO. 1 5541 Central Avenue		
(5) STREET ADDRESS LINE NO. 2		
(6) CITY Boulder	(7) STATE CO	(8) ZIP CODE 80301
(9) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 303 - 4025241		(10) COUNTRY CODE (IF NOT IN U.S.A.) US
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(11) PAYER (FRN) 0005093349		(12) PAYER (TIN) 043404235
IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)		
(13) APPLICANT NAME CARDIONET		
(14) STREET ADDRESS LINE NO. 1 510 Market Street		
(15) STREET ADDRESS LINE NO. 2		
(16) CITY San Diego	(17) STATE CA	(18) ZIP CODE 92101
(19) DAYTIME TELEPHONE NUMBER (INCLUDING AREA CODE) 619 243 7500		(20) COUNTRY CODE (IF NOT IN U.S.A.)
FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED		
(21) APPLICANT (FRN) 0006907885		(22) APPLICANT (TIN) 0
COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET		
(23A) FCC Call Sign/Other ID	(24A) Payment Type Code(PTC) EGC	(25A) Quantity 1
(26A) Fee Due for (PTC) \$985.00	(27A) Total Fee \$985.00	FCC Use Only
(28A) FCC CODE 1 QBI-1001	(29A) FCC CODE 2 13EA428232	