

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: Crossbow Technology Inc.	
Item 2. Applicant's mailing address Line 1: 4145 N. Fist Street City: San Jose State: CA Country (if foreign address): USA Zip/Postal Code: 95134	
Item 3. FCC ID: SHU002MXP2XO Grantee code: SHU Equipment Product Code (14 characters maximum): 002MXP2XO	
Item 4. Person at the applicant's address to receive grant or for contact: First Name: Afshin Last Name: Afzail Title: Hardware Electrical Design Engineer Line 1: 4145 N. Fist Street City: San Jose State: CA Country (if foreign address): USA Zip/Postal Code: 95134 Telephone: 408-965-3346 Fax No: E-mail: aafzali@xbow.com	
Item 5. Instead of Applicant, the original Grant is authorized to be mailed to: N/A	
Item 6. Technical Contact: Firm Name: Crossbow Technology Inc. First Name: Afshin Last Name: Afzail Title: Hardware Electrical Design Engineer Line 1: 4145 N. Fist Street City: San Jose State: CA Country (if foreign address): USA Zip/Postal Code: 95134 Telephone: 408-965-3346 E-mail: aafzali@xbow.com	
Item 7. Non-Technical Contact: Firm Name: Crossbow Technology Inc. First Name: Afshin Last Name: Afzail Title: Hardware Electrical Design Engineer Line 1: 4145 N. Fist Street City: San Jose State: CA Country (if foreign address): USA Zip/Postal Code: 95134 Telephone: 408-965-3346 E-mail: aafzali@xbow.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) ☒ Yes ☐ 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: DTS * Description of Product as it is Marketed: Wireless Network Sensor Model Number: MXP200 and MXP210 (NOTE: This text will appear below the equipment class on the grant)	
Item 11. * Application is for: (please mark as appropriate) ☒ 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 (See instructions)	

