



## Curtis- Straus LLC FCC Form 731 Application

| For TCB Use Only |  |
|------------------|--|
| Received date    |  |
| CS #             |  |
| Scope            |  |
| Grant Note       |  |

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

\*Applicant's FCC Registration Number (FRN): 0011623774

\*FCC Registered Test Site Number (OATS). Required for Part 15 and 18 applications. Part 15

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

Xirrus, Inc.

**Item 2. \*Applicant's mailing address:**

Line 1: 2101 CORPORATE CENTER DR

Line 2:

P.O. Box:

City: THOUSAND OAKS

|                      |                                                |                           |
|----------------------|------------------------------------------------|---------------------------|
| State:<br>California | Country (if foreign address):<br>United States | Zip/Postal Code:<br>91320 |
|----------------------|------------------------------------------------|---------------------------|

**Item 3. \*FCC ID Grantee Code: SK6 \*Equipment Product Code (14 characters maximum): -XR620**

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

|                   |             |
|-------------------|-------------|
| First Name: Steve | Mail Stop : |
|-------------------|-------------|

|                      |                              |
|----------------------|------------------------------|
| Last Name: Krattiger | Telephone: 805-262-1685 Ext: |
|----------------------|------------------------------|

|                                      |                       |
|--------------------------------------|-----------------------|
| Title: Director Hardware Engineering | Fax No.: 805-262-1601 |
|--------------------------------------|-----------------------|

E-mail: steve.krattiger@xirrus.com

**Item 5. \*Instead of Application, FCC is authorized to mail original Grant to:**

Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch

|                                                          |          |
|----------------------------------------------------------|----------|
| Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang | P.O.Box: |
|----------------------------------------------------------|----------|

|                 |                                 |
|-----------------|---------------------------------|
| Address Line 2: | City: Taoyuan Hsien      State: |
|-----------------|---------------------------------|

|                         |                      |
|-------------------------|----------------------|
| Country: Taiwan, R.O.C. | Zip/Postal Code: 333 |
|-------------------------|----------------------|

**Person at above address to receive Grant:**

|                    |                 |
|--------------------|-----------------|
| First name: Andrea | Last Name: Hsia |
|--------------------|-----------------|

|                          |            |
|--------------------------|------------|
| Title: Senior Specialist | Mail Stop: |
|--------------------------|------------|

**Item 6. \*Technical Contact:**

|                                                                                  |                              |                     |
|----------------------------------------------------------------------------------|------------------------------|---------------------|
| Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch | Tel: 886 3 318 3232Ext: 1608 | Fax: 886 3 327 0892 |
|----------------------------------------------------------------------------------|------------------------------|---------------------|

|                    |                 |                  |
|--------------------|-----------------|------------------|
| First Name: Robert | Middle Initial: | Last Name: Huang |
|--------------------|-----------------|------------------|

|                                                          |           |
|----------------------------------------------------------|-----------|
| Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang | P.O. Box: |
|----------------------------------------------------------|-----------|

|                 |                                 |
|-----------------|---------------------------------|
| Address Line 2: | City: Taoyuan Hsien      State: |
|-----------------|---------------------------------|

|                                              |                      |
|----------------------------------------------|----------------------|
| Country (if foreign address): Taiwan, R.O.C. | Zip/Postal Code: 333 |
|----------------------------------------------|----------------------|

E-mail: robert.huang@tw.bureauveritas.com

## Curtis- Straus LLC FCC Form 731 Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Item 7. *Non-Technical Contact:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | Tel: +886 3 318 3232      Ext: 1628                                                                                                   |                                                                                                                                                                                                                         |
| Fax: +886 3 327 0892                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| First Name: Andrea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Middle Initial: | Last Name: Hsia                                                                                                                       |                                                                                                                                                                                                                         |
| Address Line 1: No. 19, Hwa Ya 2nd Rd., Kwei Shan Hsiang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 | P.O. Box:                                                                                                                             |                                                                                                                                                                                                                         |
| Address Line 2:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | City: Taoyuan Hsien                                                                                                                   | State:                                                                                                                                                                                                                  |
| Country (if foreign address): Taiwan, R.O.C.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | Zip/Postal Code: 333                                                                                                                  |                                                                                                                                                                                                                         |
| E-mail: andrea.hsia@tw.bureauveritas.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 8.</b><br>* Does this application include a request for short-term confidentiality for any portion(s) of the data contained in this application pursuant to FCC DA 04-1705 dated 6/15/2004?<br><br>* Does this application include a request for confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR0.459 of the Commission Rules?                                                                                                                                                   |                 |                                                                                                                                       | Short-Term request:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If Yes, Date of Release:<br><br>Permanent request:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>Item 9.</b> *Does this applicant request the TCB to perform pre-approval before grant is issued? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If so, specify date when grant may be issued (MM/DD/YYYY) format:<br>If so, specify contact's email for pre-approval notice:                                                                                                                                                                                                                                  |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 10.</b> *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 10a.</b> *Is this application for Modular Approval authorization? <input type="checkbox"/> Yes<br><div style="margin-left: 150px;"> <input type="checkbox"/> Single Modular Approval<br/> <input type="checkbox"/> Limited Modular Approval<br/> <input type="checkbox"/> Split Modular Approval<br/> <input type="checkbox"/> Limited Split Modular Approval         </div> <input checked="" type="checkbox"/> No                                                                                                              |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 10b.</b> *Is there a KDB inquiry associated with this application? <input type="checkbox"/> Yes KDB# <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 11.</b> *Equipment Class: 3-digits required<br>NII<br>(If composite device, provide one Form 731 per Equipment Class)                                                                                                                                                                                                                                                                                                                                                                                                            |                 | *Description of Product as it is marketed:<br>(Note: This text will appear below the equipment class on the grant)<br>802.11ac 2x2 AP |                                                                                                                                                                                                                         |
| <b>Item 12. *Application is for:</b><br><input type="checkbox"/> Original Equipment<br><input checked="" type="checkbox"/> Change in identification of presently authorized equipment:<br>Original FCC ID:                      Grant Date (MM/DD/YYYY):<br><input type="checkbox"/> Class II permissive change or modification of presently authorized equipment<br><input type="checkbox"/> Class III permissive change to software defined radio (Note: this may only be filed for applications pertaining to Software Defined Radio) |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 13.* Is the equipment in this application:</b><br>* (a) a composite device subject to an additional equipment authorization?<br>* (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization?<br>If either of the above questions is answered "Yes " complete section 13 (c).                                                                                                                                                                                         |                 |                                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                              |
| (c) The related application:<br><input type="checkbox"/> has been granted under the FCC ID listed to the right?<br><input checked="" type="checkbox"/> is in the process of being filed under the FCC ID listed to the right?<br><input type="checkbox"/> is pending with the FCC under the FCC ID listed to the right?<br><input type="checkbox"/> has a mix of pending and granted statuses under the FCC ID(s) referenced.                                                                                                            |                 |                                                                                                                                       | FCC ID<br>SK6-XR620                                                                                                                                                                                                     |
| <b>Item 14.</b> *Does this equipment require SAR evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| <b>Item 15. *Name of test firm and contact person on file with the FCC, if different from applicant or contact person:</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| First Name: Andrea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | Last Name: Hsia                                                                                                                       |                                                                                                                                                                                                                         |
| Tel: 886 3 318 3232                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | Ext: 1628   Fax: +886 3 327 0892      Email: andrea.hsia@tw.bureauveritas.com                                                         |                                                                                                                                                                                                                         |
| <b>Read each certification carefully before answering and signing this application</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                                                       |                                                                                                                                                                                                                         |
| 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 CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a) (1)), AND/OR FORFEITURE (U.S. TITLE 47, SECTION 503).                                                                                                                                                                                                                                                      |                 |                                                                                                                                       |                                                                                                                                                                                                                         |

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**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 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? ☒ 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 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 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:** Steve Krattiger      **\*Title of Authorized Signature:** Director Hardware Engineering

**Complete items below if an agent signs the application**

Firm Name: Bureau Veritas Consumer Products Services (H.K.) Ltd., Taoyuan Branch      Tel: +886 3 318 3232      Ext: 1628  
Fax: +886 3 327 0892

First Name: Andrea

Address Line 1: No.

wei Shan Hsian

|           |
|-----------|
| P.O. Box: |
|-----------|

Address Line 2:

City:

State:

Country (if foreign address): Taiwan, R.O.C.

Zip/Postal Code: 333

E-mail: andrea.hsia@tw.bureauveritas.com

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

## Equipment Specifications

**Item 18.**

**\* Equipment will be operated under FCC Rule Part(s): Part 15.407**

**Item 18b.**

**\* EQUIPMENT SPECIFICATIONS:**

[illegible]