

TCB APPLICATION FORM 731

Rev3.0 2013-12-04 DE

To be completed by Eurofins Product Service GmbH

Project Number: **G0M-1702-6284**

Item 1. Applicant's complete, legal business name: Panasonic Industrial Devices Europe GmbH
Applicant's FCC Registration Number (FRN): 0014980072

Item 2. Address Line 1 Zeppelinstraße 19
Address Line 2:
P.O. Box
State City: Lüneburg
Zip/Postal Code: 21337 Country: Germany

Item 3. FCC ID Grantee Code: T7V EPC (Equipment Product Code, max. 14 characters): PAN10

Item 4. TCB Contact Information: TCB Login:
All questions regarding the application will be directed to this contact. DE0005
The original grant and invoice will be sent to this contact. 0008466054
Eurofins Product Service GmbH, Storkower Str. 38c, 15526 Reichenwalde, Germany
Authorized person filing: Jörg Kusig

Item 5. TCB Scope:
☐ A1: Unlicensed Radio Frequency Devices - Low power transmitters operating on frequencies below 1 GHz
☐ A2: Unlicensed Radio Frequency Devices - Low power transmitters operating on frequencies above 1 GHz, with the exception of spread spectrum devices.
☐ A3: Unlicensed Radio Frequency Devices - Unlicensed Personal Communication System (PCS) devices
☒ A4: Unlicensed National Information Infrastructure (UNII) devices and low power transmitters using spread spectrum techniques
☐ B1: Licensed Radio Service Equipment - Personal Mobile Radio Services in 47 CFR Parts 22 (cellular), 24, 25, 26, and 27
☐ B2: Licensed Radio Service Equipment -General Mobile Radio Services in the following 47 CFR Parts 22 (non-cellular), 74, 90, 95 and 97
☐ B3: Licensed Radio Service Equipment -Maritime and Aviation Radio Services in 47 CFR Parts 80 and 87
☐ B4: Licensed Radio Service Equipment -Microwave Radio Services in 47 CFR Parts 21, 74 and 101
☐ C1: Telephone Terminal Equipment (47 CFR Part 68)

Item 5. Person at the applicant's address to receive grant or for contact:
First Name: Olaf Middle Initials: _____ Last Name: Knoth
Title: _____ Mail Stop: _____
Phone: +49 4131899-257 Fax: +49 4131899-187
E-mail: Olaf.Knoth@eu.panasonic.com

Item 6. Technical Contact:
Company Name:
First Name: Marcus Middle Initials: _____ Last Name: Nottorf
Address Line 1
Address Line 2:
P.O. Box City:
State: Zip/Postal Code: Country:
Phone: +49 4131899-435 Fax:
E-mail: Marcus.nottorf@eu.panasonic.com

Item 7. Non-Technical Contact:
Company Name:
First Name: _____ Middle Initials: _____ Last Name: _____
Address Line 1
Address Line 2:
P.O. Box City:
State: Zip/Postal Code: Country:
Phone: _____ Fax:
E-mail: _____

Item 8. Confidentiality Request:
 (a) 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? ☒ Yes ☐ No
 (b) Does short-term confidentiality apply to this application? ☐ Yes ☒ No
 If yes, specify the short-term confidentiality release date: MM/DD/YYYY

Item 9. Related OET KnowledgeDataBase (KDB) Inquiry:
 Is there a KDB inquiry associated with this application? ☐ Yes ☒ No
 If so, enter the inquiry tracking number:

Item 10. Modular Approval:
 Is this application for modular approval? If "Yes", please submit a cover letter addressing the modular approval requirements of DA 00-1407. ☒ Yes ☐ No
 Modular Type: Single Modular Approval

Item 11. Software Defined Radio Authorization:
 Is this application for software defined radio authorization? ☐ Yes ☒ No

Item 12. Equipment Class: DSS
 Description of product as it is marketed:
 (Note: This text will appear below the equipment class on the grant): Bluetooth Smart Module

Item 13. Application Purpose:: ☐ Original equipment
☐ Change in identification of presently authorized equipment:
 T7VPAN1
 Original FCC ID: 0 Grant date (MM/DD/YYYY): 10/29/2013
☒ Class II permissive change or modification of presently authorized equipment

Item 14. Composite / Related Equipment:
 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", please complete section 13(c).
 (c) The related application: FCC ID(s):
☐ has been granted under the FCC ID(s) listed to the right
☒ is in the process of being filed under the FCC ID(s) listed to the right T7VPAN10
☐ is pending with the FCC under the FCC ID(s) listed to the right
☐ has a mix of pending and granted statuses under the FCC ID(s) listed to the right:

Item 15. Test Firm Information:
 Name of test firm and contact person on file with the FCC, if different from applicant or contact person:
Company Name: Eurofins Product Service GmbH **Contact Name:** Christian Weber
Address: Storkower Str. 38C **City:** Reichenwalde
State: **Zip Code:** 15526 **Country:** Germany
Phone: +49 33631 888 324 **Fax:** +49 33631 888 650 **E-Mail:** ChristianWeber@eurofins.de
FCC Registered Test Site Number (required for part 15 and 18 applications): 96970

Item 16. Grant Comments:
 Note: Text will appear at the bottom of the Grant of Equipment Authorization.
 Single Modular Approval. Power listed is conducted.
 This device is to be used for portable and mobile applications. The antenna(s) used for this transmitter must not be co-located or operating in conjunction with any other antenna or transmitter, except in accordance with FCC multi-transmitter product procedures. Compliance of this device in all final host configurations is the responsibility of the Grantee. OEM integrators and end-users must be provided with specific information required to satisfy RF exposure compliance, antenna installation and labeling requirements for the final host device.

Item 17. Equipment Specifications:

Frequency range in MHz		Rated RF power output IN WATTS	Frequency tolerance %, Hz, ppm		Emission Designator (See 47 CFR 2.201 and 2.202)	Microprocessor Model Number	FCC Rule Part	Grant Notes
2402	2480	0.001	-/-	ppm	-/-	-/-	15C	-/-

For submission of further line items, please attach a separate equipment specifications chart.

Item 18. Equipment Authorization Waiver:

Is there an equipment authorization waiver associated with this application? ☐ Yes ☒ No

If yes, has the associated waiver been approved and all information uploaded? ☐ Yes ☐ No

Read each certification carefully before answering and signing this application

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. CODE, TITLE 47, SECTION 503).

Item 19. 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

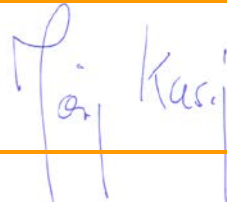
Item 20. APPLICANT/AGENT CERTIFICATION:

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 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 applicant:



Title of authorized signature Joerg Kusig

Complete items below if an agent signs the application

Company Name: _____

First Name: _____ Middle Initials: _____ Last Name: _____

Address Line 1: _____

Address Line 2: _____

P.O. Box: _____ City: _____

State: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Note: This form must be completed and provided with the submission.