



FCC Equipment Certification Application Form

Section I: Contact/ General Information

*Grantee's complete, legal business name:

*Grantee's FCC Registration Number (FRN):

Grantee's Mailing Address (As listed in FCC database):

Line 1:

Line 2:

P.O. Box:

City:

State: Country (if foreign address):

Zip/Postal Code:

FCC ID:

*Grantee Code: *Equipment Product Code (14 characters maximum):

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

First Name:

Last Name:

Title:

Mail Stop:

Telephone:

Extension:

Fax No.:

E-mail:

Instead of Applicant, the original Grant is authorized to be mailed to:

Firm Name:

Address Line 1:

Address Line 2:

P.O. Box:

City:

State: Country:

Zip/Postal Code:

Person at above address to receive Grant:

First Name:

Last Name:

Title:

Mail Stop:

Technical Contact:

Firm Name:

First Name: Middle Initial: Last Name:

Address Line 1:

Address Line 2:

P.O. Box:

City:

State: Country:

Zip/Postal Code:

Telephone: Ext:

Fax: No.:

E-mail:



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Section I (continued): Contact/ General Information

Non-Technical Contact:

Firm Name: Retlif Testing Laboratories
First Name: Todd Middle Initial: Last Name: Hannemann
Address Line 1: 101 New Boston Road
Address Line 2:
P.O. Box:
City: Goffstown
State: NH Country: Zip/Postal Code: 03045
Telephone: 603-497-4600 Ext: 416 Fax: No.: 603-497-5281
E-mail: thannemann@retlif.com

Confidentiality of Data Uploaded to FCC:

- * (a) Does this application include a request for PERMANENT confidentiality for any portion(s) of the data contained in this application pursuant to 47 CFR 0.459 of the Commission Rules? PERMANENT request: ☒ Yes ☐ No
- * (b) 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? SHORT-TERM request: ☐ Yes ☒ No

Request Deferral of Grant

- * Does the applicant request deferral of grant of this application pursuant 47 CFR 0.457(d)(1)(ii)? ☐ Yes ☒ No
If "Yes", specify date when grant may be issued (MM/DD/YYYY format):

Software Defined Radio Authorization

- * Is this application for software defined radio authorization? ☐ Yes ☒ No

Modular Approval

- * Is this application for modular approval? ☐ Yes ☒ No
If "Yes", please submit a cover letter addressing the modular approval requirements of DA 00-1407

Related OET Knowledge database (KDB) Inquiry

- * Is there a KDB inquiry associated with this application? ☐ Yes ☒ No
If so, enter the inquiry tracking number:

Equipment Class

- * Equipment Class (3-digits required): DTS
* Description of Product as it is marketed: (NOTE: This text will appear below the equipment class on the grant)
Lora Propane Transmitter

Application Purpose

- * Application is for:
☐ Original Equipment
☐ Change in identification of presently authorized equipment:
Original FCC ID: Grant Date (MM/DD/YYYY):
☒ 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.



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Composite/ Related Equipment

*Is the equipment in this application a composite device subject to an additional equipment authorization?

☐ Yes ☒ No

*Is the equipment in this application 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 the following question:

The related application:

☐ is pending with the FCC under the FCC ID listed below:

☐ has been granted under the FCC ID listed below:

☐ is in the process of being filed under the FCC ID below:

☐ has a mix of pending and granted statuses under the FCC ID(s) listed below:

FCC ID:

FCC ID:

FCC ID:

FCC ID:

Test Firm Information

Name of the Test Firm and contact person on file with the FCC, if different from applicant or contact person:

FCC Registered Test Site Number: Required for Part 15 and 18 applications.

Firm Name:

First Name: Last Name:

Address Line 1:

Address Line 2:

P.O. Box:

City:

State: Country (if foreign address):

Zip/Postal Code:

Telephone: Ext: Fax: No.:

E-mail:



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Section II: Equipment Specifications

Equipment Specifications:

Frequency range In MHz		Rated RF Power Output In Watts	Frequency Tolerance	Emission designator (See 47 CFR § 2.201 and § 2.202)	Microprocessor Model Number	*Under FCC Rule Part(s):	Grant Notes (For Elite Use Only)
Lower	Upper						
903	914.2	0.05176	N/A	N/A	N/A	15.247	



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Section III: Certification

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. TITLE 47, SECTION 503).

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 conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the definition of "party" for these purposes.

*Does the applicant or authorized agent so certify?

☒ Yes ☐ No

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 Applicant:

Title of Authorized Signature:

EMC Test Engineer

Complete items below if Agent signs the application

Firm Name: Retlif Testing Laboratories

First Name: Todd Middle Name:

Last Name: Hannemann

Address Line 1: 101 New Boston Road

Address Line 2:

P.O. Box:

City: Goffstown

State: NH Country:

Zip/Postal Code: 03045

Telephone: 603-497-4600

Ext: 416 Fax: No.: 603-497-5281

E-mail: thannemann@retlif.com

NOTE: An asterisk "*" preceding a field indicates it must be completed.



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Instructions for completing the Elite Electronic Engineering, Inc. FCC Equipment Certification Application Form

Section I: Contact/ General Information:

1. Please complete these sections with the APPLICANT'S contact information. This information will be verified against the information listed in the FCC's database. Changes in Applicant contact information must be handled separately with the FCC. Contact us if changes to the Applicant's information are necessary.
2. Please enter the FCC ID of the device. The FCC ID consists of the 3 or 5 digit Grantee Code and an Equipment Product Code. The Equipment Product Code may consist of up to 14 characters and may contain "dashes" (-). Please remember to use dashes when appropriate. Spaces are not allowed.
3. Application Contact. All correspondence regarding the application will be directed to this contact. When issued, the original Grant and Invoice will be sent to this contact. This contact may not always be the test lab that performed the testing of the device. This contact may be a third-party agent or the Applicant itself. Please complete all areas.
4. Please complete if grant is to be sent to someone other than applicant.
5. Technical Contact. All technical questions regarding the application will be directed to this contact. Please complete all areas.
6. Non-Technical Contact. All administrative questions regarding the application will be directed to this contact. Please complete all areas.
7. Please indicate if a request for confidentiality of certain exhibits is requested with this application. You now can choose between short-term confidentiality and permanent confidentiality. Short-term confidentiality is described in FCC DA 04-1705 dated 6/15/04. A separate cover letter exhibit must be submitted with the application explaining either request for confidentiality. This cover letter must refer to the correct FCC Rules that govern confidentiality, must indicate which exhibits confidentiality is requested for and must provide adequate reason for the request.
8. Please indicate if the applicant wishes to defer the grant.
9. Please indicate if the application is for authorization of a software-defined radio.
10. Please indicate if the application is for modular approval. If yes, a separate cover letter must be submitted addressing the modular approval requirements of FCC DA 00-1407.
11. Please provide the 3-digit Equipment Class. Examples of Equipment Classifications include "DXX" for Part 15 Low Power Communication Device Transmitter and "8CC" for Part 18 Consumer Device (different Equipment Classifications may apply for your device). Please provide a brief description of the device. The description that you enter here will appear on the final Grant of Equipment Authorization.
12. Please indicate what type of application is being submitted. With applications for a Change in ID of Previously Authorized Equipment or a Class II Change, a separate cover letter exhibit explaining the details of the change must accompany the application.
13. Please indicate if the equipment in this application is a composite device or part of a system.
14. Please indicate the name and location of the Test Laboratory where the testing took place. Please also identify the Test Lab's contact person and their contact information.

Section II: Equipment Specifications:

1. Please complete the appropriate sections for the Equipment Specifications.

Section III: Certification:

1. Please mark whether the applicant complies with SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION.
2. Please affix the signature and Title of the authorized Applicant.



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PLEASE DO NOT MARK BELOW LINE - FOR USE BY ELITE USE ONLY

Confirmation

Confirmation Number:

Date filed w/FCC:

<i>Date</i>	<i>Rev.</i>	<i>Description</i>
7/23/2015	1.8	Added revision table