APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Business Name	Joint Chinese Ltd		
Applicant's FRN	0023528003		
MODEL NUMBER	JA-1657	☐ Request for Grantee Code	
FCC ID: (Grantee + Applicant Code)	2AB73JA-1657		
Address line 1	Building 6, Huafeng Tech Park,		
Address line 2	Luotian Industrial Area, Songgang Town, Baoan		
City	Shenzhen	Zip/ Postal Code	
State		P.O. Box	
Country	China	Phone	86-755-33180892
First Name	Kathy	Fax	86-755-33180893
Middle Name		Email	admin@jointcorp.com
Last Name	Zhao	Mail Stop	
Title	Export Sales Manager		

Section: Two

Instead of Applicant, the original Grant is authorized to be mailed to (All questions regarding the application will be directed to this contact. The original grant and invoice will be sent to this contact.)			
Technical Contact			
Company Name	Shenzhen Tongce Testing Lab		
Address	1B/F., Building 1, Yibaolai Industrial Park, Qiaotou, Fuyong, Baoan District,		
City	Shenzhen	Zip/ Postal Code	
State		P.O. Box	
Country	China	Phone	+86-0755-27673339
Contact Person	Joe Zhou	Fax	+86-0755-27673332
Title	Manager	Email	joe.zhou@tct-lab.com
Non - Technical Contact			
Company Name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title		Email	

Section: Three

Does this application include a request for Long Term Confidentiality (LTC)? see 47 CFR § 0.459?	☒ Yes ☐ No
Does this application include a request for Short Term Confidentiality (STC)? Date? _____	☐ Yes ☒ No
Is this application for Software Defined Radio (SDR) authorization?	☐ Yes ☒ No
Is there a PBA associated with this Application? Please specify KDB number: _____	☐ Yes ☒ No
Does the applicant request a defered Grant Date? If so, specify date: _____	☐ Yes ☒ No

Is this a Modular or Limited Modular Certification?	*Is there a waiver associated with this filing?*
☐ **Yes** ☒ **No** **Modular Type:** *(please complete if you answered "Yes")* ☐ Single Modular Approval ☐ Limited Single Modular Approval ☐ Split Modular Approval ☐ Split Limited Modular Approval	☐ **Yes** ☒ **No** **Waiver Number**: **Waiver Date**:

Description of product as it is marketed *(note: this text will appear below the equipment class on the grant)*	**J Style Smart Sleep Belt**

Purpose of the Application:

☒ Original equipment

☐ Change in identification of presently authorized equipment:

Original FCC ID:_____ Original 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

Equipment Specifications

The equipment will be operated under FCC Rule Part(s)

Frequency range in MHz		Rated RF power output	Frequency tolerance (%, Hz, ppm)		Emission Designator (NOT for Part 15 devices)	FCC Equipment Code (ex:: DTS, DSS, PCE)
2402	2480	0.00108W				DTS

NOTE: If additional Equipment Specifications required, please use separate page

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 the following statement

(c) The related application checked above is (Check one box only)

☐ 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:

Section: Four

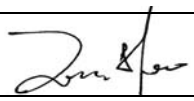
Name of **Test Firm** and contact person on file with the FCC, if different from applicant or contact person			
Company name	Shenzhen Tongce Testing Lab		
Address	1B/F., Building 1, Yibaolai Industrial Park, Qiaotou, Fuyong, Baoan District,		
City	Shenzhen	Zip Postal Code	
State		P.O. Box	
Country	China	Phone	+86-0755-27673339
Contact Person	Joe Zhou	Fax	+86-0755-27673332
Email	joe.zhou@tct-lab.com		
FCC Registered Test Site Number (required for part 15 and 18 applications)			645098

Read each certification carefully before answering and signing this application		
WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR 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).		
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

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 MiCOM Labs Certification 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 MiCOM Labs Certification or the FCC upon request, and that MiCOM Labs Certification or FCC reserves the right to contact the applicant directly at any time.

Original written signature of authorized signer		Date (Month, Day, Year)	Oct. 19, 2017
Typed/printed name of authorized signer	Joe Zhou	Title of authorized signer	EMC manager

Complete items below if an agent signs the application			
Firm name			
Address			
City		Zip/ Postal Code	
State		P.O. Box	
Country		Phone	
Contact Person		Fax	
Title		Email	