

0APPLICATION FOR FCC EQUIPMENT AUTHORIZATION (Form 731)

Section: One

Applicant's Name	Jingheng Tengwei (Huizhou) Electronic Technology Co., Ltd.		
Applicant's FRN	0031988330		
Model Number	RK84, RK84Pro,RK857,RK84C,RK84Three mode , Gramr V2 84,DAXA M84 PRO,Vissles V84, Vissles V84 Pro,DAXA M84 Ultimate,DAXA M84 CLASSIC,ROVER84,Keyboard GG 1.0,ZX84,LP85A	<input type="checkbox"/> Request for Grantee Code	
FCC ID: (Grantee + Applicant Code)	2A4MQ-RK84		
Address line 1	No. 8 Minying 1 Road, Yuanzhou Town, Boluo County,		
Address line 2	Huizhou City, Guangdong Province, China		
City	Huizhou	Zip/ Postal Code	
State		P.O. Box	
Country	China	Phone	15817460633
First Name	Zhang	Fax	
Middle Name		Email	313317143@qq.com
Last Name	chong ling	Mail Stop	
Title	Mannager		

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	Flux Compliance Service Laboratory		
Address	Room 105 Floor Bao hao Technology Building 1 NO. 15 Gong ye West Road Hi-Tech Industrial, Song shan lake		
City	Dongguan	Zip/ Postal Code	518000
State	Guangdong	P.O. Box	
Country	China	Phone	+86-769-27280901
Contact Person	Kait Chen	Fax	+86-769-27280901
Title	Manager	Email	kait.chen@fcs-lab.com
Non - Technical Contact			
Company Name	Flux Compliance Service Laboratory		
Address	Room 105 Floor Bao hao Technology Building 1 NO. 15 Gong ye West Road Hi-Tech Industrial, Song shan lake		
City	Dongguan	Zip/ Postal Code	518000
State	Guangdong	P.O. Box	
Country	China	Phone	+86-769-27280901
Contact Person	Kait Chen	Fax	+86-769-27280901
Title	Manager	Email	kait.chen@fcs-lab.com

Section: Three

Does this application include a request for Long Term Confidentiality (LTC)? [see 47 CFR § 0.459]	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does this application include a request for Short Term Confidentiality (STC)? Date? (mm/dd/yyyy) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this application for Software Defined Radio (SDR) authorization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a PAG associated with this Application? Please specify KDB number: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant request a deferred Grant Date? (mm/dd/yyyy) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is this a Modular or Limited Modular Certification?	Is there a waiver associated with this filing?
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Modular Type: (if you answered "Yes")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

[illegible]

Section: Four

Name of Test Firm and contact person on file with the FCC, if different from applicant or contact person			
Company name	Flux Compliance Service Laboratory		
Address	Room 105 Floor Bao hao Technology Building 1 NO. 15 Gong ye West Road Hi-Tech Industrial, Song shan lake		
City	Dongguan	Zip Postal Code	518000
State	Guangdong	P.O. Box	
Country	China	Phone	+86-769-27280901
Contact Person	Kait Chen	Fax	+86-769-27280901
Email	kait.chen@fcs-lab.com		
FCC Registered Test Site Number (required for part 15 and 18 applications)			

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Applus Laboratories 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 Applus Laboratories or the FCC upon request, and that Applus Laboratories or FCC reserves the right to contact the applicant directly at any time.			
Original written signature of authorized signer	Zhang chong ling	Date (Month, Day, Year)	21 Feb, 2022
Typed/printed name of authorized signer	Zhang chong ling	Title of authorized signer	Mannaegr
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	