

TCB APPLICATION FORM 731

Rev3.0 2013-12-04 DE

To be completed by Eurofins Product Service GmbH
Project Number: K7M22201-0026

Item 1. **Applicant's complete, legal business name:** Haiping Industry Co., Ltd.
Applicant's FCC Registration Number (FRN): 0027822634

Item 2. **Address Line 1** 3F, Building C, NO.68, Hongshi Road Buxin, Fenggang Town
Address Line 2:
P.O. Box N/A **City:** Dongguan, Guangdong
State N/A **Zip/Postal Code:** **Country:** China

Item 3. **FCC ID** **Grantee Code:** 2AQ4R **EPC (Equipment Product Code, max. 14 characters):** HP-H019

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 6. **Person at the applicant's address to receive grant or for contact:**
First Name: XingQuan **Middle Initials:** **Last Name:** WU
Title: Manager **Mail Stop:**
Phone: 86-0769-82757922 **Fax:** 86-0769-82757719
E-mail: WXQ0906@163.com

Item 7. **Technical Contact:**
Company Name: Haiping Industry Co., Ltd.
First Name: XingQuan **Middle Initials:** **Last Name:** WU
Address Line 1 3F, Building C, NO.68, Hongshi Road Buxin, Fenggang Town
Address Line 2:
P.O. Box **City:** Dongguan, Guangdong
State: N/A **Zip/Postal Code:** **Country:** China
Phone: 86-0769-82757922 **Fax:** 86-0769-82757719
E-mail: WXQ0906@163.com

Item 8. **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 9. 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 10. Related OET KnowledgeDataBase (KDB) Inquiry:

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

Item 11. 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: Please chose:

Item 12. Software Defined Radio Authorization:

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

Item 13. Equipment Class: DSS

Description of product as it is marketed:
(Note: This text will appear below the equipment class on the grant): Turntable Player

Item 14. Application Purpose::

- ☒ 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

Item 15. 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
☐ 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) to the right:

Item 16. Test Firm Information:

Name of test firm and contact person on file with the FCC, if different from applicant or contact person:
Company Name: Shenzhen ZKT Technology Co., Ltd. **Contact Name:** Lake Xie
Address: 1/F, No. 101, Building B, No. 6, Tangwei Community Industrial Avenue, Fuhai Street, Bao'an District **City:** Shenzhen
State: N/A **Zip Code:** N/A **Country:** China
Phone: 0086-13620010775 **Fax:** N/A **E-Mail:** zkt@zkt-lab.com
FCC Designation Number: CN1299

Item 17. Grant Comments:

Note: Text will appear at the bottom of the Grant of Equipment Authorization.
Output Power listed is peak conducted. RF exposure compliance is addressed for 1.1310 and 2.1091 MPE limits. The antenna(s) used for this transmitter must be installed to provide a separation distance of at least 20 cm from all persons. End Users must be provided with transmitter operation conditions for satisfying RF exposure compliance.

Item 18. 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)	Microprocess or Model Number	FCC Rule Part	Grant Notes	
2402 2480	0.0007				15C		

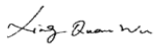
For submission of further line items, please attach a separate equipment specifications chart.

Item 19. Equipment Authorization Waiver:	
Is there an equipment authorization waiver associated with this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, has the associated waiver been approved and all information uploaded?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 20. 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

Item 21. 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: XingQuan WU/Manager

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.