



TCB APPLICATION (FCC Form 731)

Applicant's complete, legal business name: SWAGTEK			
Applicant's mailing address: fill in fields, as appropriate			
Line 1: 10205 NW 19th Street STE101, Miami FL33172			
Line 2:			
City: Miami	State: N/A	Country: USA	Zip/Postal Code:
Item 3. Applicant Contact Person: Must be the same as the FCC Grantee Contact listed in the FCC database. The Name in the FCC Database will be on the Certification. https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm			
First Name: Charles		Last Name: Cheng	
Title: Manager		Telephone: 1-305 421 9938	
E-mail: legal@swagtek.com		Fax No.: 1-305 471 9011	

Applicant's FCC Registration Number (FRN): 0021846670		
FCC ID	Grantee Code: O55	Equipment Product Code (14 characters maximum): 685023 include "dashes" (-) where appropriate

Assigned Contact:			All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.		
Firm Name: SWAGTEK		Telephone: 1-305 421 9938		Fax: No.: 1-305 471 9011	
First Name: Charles		Middle Initial:		Last Name: Cheng	
Address Line 1: 10205 NW 19th Street STE101, Miami FL33172			P.O. Box:		
Address Line 2:			City: Miami		State:
Country: USA			Zip/Postal Code:		
E-mail: legal@swagtek.com					

Testing Laboratory Information:			
Firm Name: Shenzhen LGT Test Service Co., Ltd.		Telephone: 0755-89668180	Fax No.:
First Name: Vita Li		Middle Initial:	Last Name:
Address Line 1: Room 205, Building 13, Zone B, Zhenxiong Industrial Park, No.177, Renmin West Road, Jinsha, Kengzi Street, Pingshan District, Shenzhen, Guangdong, China			P.O. Box:
Address Line 2:		City:	State:
Country:		Zip/Postal Code:	
E-mail: lgt@lgt-cert.com			
FCC Registered Test Site Number (Required for Part 15 and 18 applications) or Designation # under MRA or within USA			

Reviewed By (QAI Initial): _____

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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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days	
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?		LONG-TERM request: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Request for Grant Deferral	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>	Date:
Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Modular Type: <i>(only complete if you answered Yes above)</i> <input type="checkbox"/> Single Modular Approval <input type="checkbox"/> Limited Single Modular Approval <input type="checkbox"/> Split Modular Approval <input type="checkbox"/> Limited Split Modular Approval			
Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Equipment Class: 3-digits required JBP, DSS, DTS, NII, PCE (https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm)		Enter a brief description of the product being marketed. (Maximum 50 Characters) 4G Smart Phone	

Application is for: <input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Change in identification of presently authorized equipment: Original FCC ID Grant Date (MM/DD/YYYY) <input type="checkbox"/> Class II permissive change or modification of presently authorized equipment <input type="checkbox"/> Class III permissive change to software defined radio <i>Note: this may only be filed for applications pertaining to Software Defined Radio</i>

Is the equipment in this application: * (a) a composite device subject to an additional equipment authorization? * (b) part of a system that operates with, or is marketed with, another device that requires an equipment authorization? <i>If either of the above questions is answered "Yes" complete section below:</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
The related application: <input type="checkbox"/> has been granted under the FCC ID(s) listed to the right <input checked="" type="checkbox"/> is in the process of being filed under the FCC ID(s) listed to the right <input type="checkbox"/> is pending with the FCC under the FCC ID(s) listed to the right	<table border="1"><tr><td>i.</td><td>FCC ID:</td></tr><tr><td>ii.</td><td>FCC ID: O55685023</td></tr><tr><td>iii.</td><td>FCC ID:</td></tr><tr><td>iv.</td><td>FCC ID:</td></tr></table>	i.	FCC ID:	ii.	FCC ID: O55685023	iii.	FCC ID:	iv.	FCC ID:
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iv.	FCC ID:								

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

Equipment will be operated under FCC Rule Part(s): **Part15.247/407/15B/22/24/27 JBP,DSS, DTS,NII,**
(Must match Test Report. Please specify Exact Rule Part) **PCE**

Item 14. EQUIPMENT SPECIFICATIONS: *Where applicable*

Frequency range in MHz		Rated RF power output IN WATTS	Frequency tolerance		Emission Designator (See 47 CFR 2.201 and 2.202)	FCC Rule Part (only use for Multiple Rules)	Grant Notes (Example: e-CC, MO)
Low Freq	High Freq		Value	%, Hz, ppm			
						15B	
2402	2480	0.0018				DSS/15.247	
2402	2480	0.0004				DTS/15.247	
2412	2462	0.0373				DTS/15.247	
5260	5320	0.0017				NII/15.407	
5500	5700	0.0048				NII/15.407	
824	849	2.4831	0.1	ppm	249KGXW	22H	
824	849	2.4831	0.1	ppm	251KG7W	22H	
1850	1910	1.1722	0.1	ppm	249KGXW	24E	
1850	1910	1.1776	0.1	ppm	247KG7W	24E	
1850	1910	0.2477	0.1	ppm	4M17F9W	24E	
1710	1755	0.2168	0.1	ppm	4M16F9W	27	
824	849	0.2692	0.1	ppm	4M16F9W	22H	
1860	1900	0.3622	0.1	ppm	18M0G7D	24E	
1860	1900	0.2917	0.1	ppm	18M0W7D	24E	
1851.5	1908.5	0.3589	0.1	ppm	2M72W7D	24E	
1720	1745	0.1694	0.1	ppm	18M0G7D	27	
1720	1745	0.1514	0.1	ppm	18M0W7D	27	
1715	1750	0.1607	0.1	ppm	9M01W7D	27	
829	844	0.3467	0.1	ppm	9M01G7D	22H	
829	844	0.3443	0.1	ppm	9M04W7D	22H	
2510	2560	0.3639	0.1	ppm	18M0G7D	27	
2510	2560	0.3499	0.1	ppm	18M0W7D	27	
2505	2565	0.3581	0.1	ppm	8M99W7D	27	
704	711	0.1538	0.1	ppm	9M01G7D	27	
704	711	0.1462	0.1	ppm	9M00W7D	27	
700.5	714.5	0.1466	0.1	ppm	2M71W7D	27	
782	782	0.2570	0.1	ppm	9M01G7D	27	
782	782	0.2564	0.1	ppm	8M99W7D	27	
709	711	0.2767	0.1	ppm	9M04G7D	27	
709	711	0.2612	0.1	ppm	9M03W7D	27	
2580	2610	0.3540	0.1	ppm	18M0G7D	27	
2570	2620	0.3483	0.1	ppm	18M0W7D	27	
1710	1780	0.1845	0.1	ppm	18M0G7D	27	

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1720	1770	0.1445	0.1	ppm	18M0W7D	27	
1720	1770	0.1663	0.1	ppm	2M73W7D	27	

Equipment Authorization Waiver *

Is there an equipment authorization waiver associated with this application?

☐ Yes ☒ No

If there is an equipment authorization waiver associated with this application, 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/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. TITLE 47, SECTION 503).

SECTION 5301 (ANTI-DRUG ABUSE) CERTIFICATION:

The application 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 authorization 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.

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If different from assigned contact above you must supply a Letter of Authorization. This authorization letter must be signed by the applicant / grantee. The authorization letter MUST name the person that they are authorizing to sign on their behalf.

*Signature of Authorized Applicant: *Charles Cheng*
(Must be actual signature)

* Name & Title of Authorized Signature: *Charles Cheng, Manager* (Typed)

*Company Name of Person Signing Application: *SWAGTEK*

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

Reference Documents:

Title	Number
QAI Quality Manual	QM0001 § 7.1
Procedure for Grants of Certification FCC+ISED	QSP 7.6.4-1

Document History and Change Record:

Date	Version	Change Description	Created by	Approved by
04/02/2020	0	New Issue	KE	J. Johnson
04/15/2020	1	Document Title Change	KE	J. Johnson

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