

**Original Application for Equipment
Authorization**

Rockwell International Corporation
Washington Office
1745 Jefferson Davis Highway
Arlington, Virginia 22202



Rockwell
International

COURTESY COPY TO BE
DATE STAMPED & RETURNED
ENVELOPE PROVIDED

August 2, 1994

Federal Communications Commission
Equipment Approval Services
P.O. Box 358315
Pittsburgh, PA 15251-5315

FCC/MELLON AUG 05 1994

Re: Equipment Approval Under Part 87
FCC ID: AJK9URPN822-0329
Distance Measuring Receiver-Transmitter
DME-900

Gentlemen:

Enclosed on behalf of Rockwell International Corporation is an Application for Equipment Authorization on FCC Form 731. This Application is for Type Acceptance of a distance measuring receiver-transmitter, the DME-900. One complete set of documents covering the DME-900, including a detailed product description and test data, is submitted as part of the Application. This equipment operates in a frequency range which requires notification to the Federal Aviation Administration (FAA) pursuant to FCC Part 87.147(d). A letter of even date along with a copy of FCC Form 731 and associated materials is being forwarded to the FAA. A copy of the notification letter to the FAA is enclosed.

We have also enclosed a check for \$425 to cover the processing fees.

It is requested that a date-stamped copy of the filing be returned to the undersigned. A courtesy copy of the filing as well as a stamped return envelop is provided for this purpose.

Your early consideration of the Application is respectfully requested. Please address all inquiries to the undersigned.

Respectfully submitted,

Linda C. Sadler
Manager, Governmental Affairs
703-412-6696

cc: R. Oswalt, Rockwell - w/o enc



AUG 12 1994

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Washington Office
1745 Jefferson Davis Highway
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Respectfully submitted,

A handwritten signature in cursive script, reading "Linda C. Sadler".

Linda C. Sadler
Manager, Governmental Affairs
703-412-6696

cc: R. Oswalt, Rockwell - w/o enc

FCC FORM 731
APPLICATION FOR EQUIPMENT AUTHORIZATION

See 47 CFR 1.1103 for FEE TYPE CODES and FEES, and paragraph C of the attached instructions.

SECTION I - ALL ITEMS IN THIS SECTION MUST BE COMPLETED

APPLICANT'S FULL BUSINESS NAME

Rockwell International Corporation

APPLICANT'S MAILING ADDRESS (Line 1) (Maximum 35 characters)

Attn: Linda C. Sadler

APPLICANT'S MAILING ADDRESS (Line 2) (if required) (Maximum 35 characters)

1745 Jefferson Davis Highway

CITY

Arlington

STATE OR COUNTRY (if foreign address)

VA

ZIP CODE

22202

COMPLETE FCC IDENTIFIER:

GRANTEE CODE

A

J

K

EQUIPMENT PRODUCT CODE (14 characters maximum)

9URPN822-0329

Enter in Column (A) the correct Fee Type Code for the service for which you are applying. Fee Type Codes may be found in FCC Fee Filing Guides and paragraph C of attached instructions. Enter in Column (C) the result obtained from multiplying the value of the Fee Type Code in Column (A) by the number entered in Column (B).

(A)

(B)

(C)

	FEE TYPE CODE	FEE MULTIPLE	FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(1)	E F T	0 0 0 1	\$ 425.00	

SECTION II - Use only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.

	(A) FEE TYPE CODE	(B) FEE MULTIPLE	(C) FEE DUE FOR FEE TYPE CODE IN COLUMN (A)	FOR FCC USE ONLY
(2)		0 0 0 1	\$	
(3)		0 0 0 1	\$	
(4)		0 0 0 1	\$	
ADD ALL AMOUNTS SHOWN IN COLUMN C, LINES (1) THROUGH (4), AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED REMITTANCE.			TOTAL AMOUNT REMITTED WITH THIS APPLICATION OR FILING \$ 425.00	FOR FCC USE ONLY

(5) NAME AND TITLE OF PERSON AT ABOVE ADDRESS FOR CONTACT, OR TO RECEIVE GRANT (THIS ITEM MUST BE COMPLETED):

Ms. Linda C. Sadler
Manager, Governmental Affairs

SECTION III

Bureau Use Only

1.(a) INSTEAD OF APPLICANT, FCC IS AUTHORIZED TO MAIL ORIGINAL GRANT TO (See instructions):

Firm name,
number, street,
city,
state,
and ZIP Code

N/A

LI

DN

DM

(b) NAME AND TITLE OF PERSON AT ABOVE ADDRESS TO RECEIVE GRANT:

N/A

RG

2. INFORMATION CONTACT, IF DIFFERENT FROM ITEM 5, PAGE 1 (See instructions):

Firm name,
contact person,
number, street,
city,
state,
and ZIP Code

N/A

Code

Reviewer

3.(a) TELEPHONE NUMBER (include area code and extension - USA ONLY):

N/A

3.(b) FAX NUMBER (include area code and extension - USA ONLY):

N/A

4. 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's Rules? (See instructions)

☐ Yes☒ No

5. Does the applicant desire the Commission to defer grant of this application pursuant to 47 CFR 0.457(d)(1)(ii)? (See instructions)

☐ Yes☒ No

6. Kind of equipment authorization requested (check ONE box only):

☐ Certification☒ Type Acceptance☐ Type Approval☐ Notification

7.(a) Kind of equipment:

Distance Measuring Transmitter-Receiver

(b) Equipment will be operated under FCC Rule Part(s):

Part 87

8. Application is for (Check ONE box only):

☒ 1 Original equipment☐ 2 Change in identification of presently authorized equipment *☐ 3 Class II permissive change or modification of presently authorized equipment

* If box 2 is checked, complete items 9(a) and (b).

9.(a) FCC ID before change in identification:

(b) Grant date of FCC ID in 9(a) above:

10. EQUIPMENT SPECIFICATIONS:

(a) Frequency range in MHz

(b) Rated RF power output in watts

(c) Frequency tolerance %, Hz, ppm

(d) Emission designator

(e) Microprocessor model number

TX 1025 to 1150 MHz
RX 962 to 1213 MHz800 watts
max

±100 KHz

1 M00P0N

INTEL
800186

11. Type of equipment tested:

☒ Production☐ Pre-Production☐ Prototype

12.(a) Is the equipment, or section(s) thereof, subject to more than one equipment authorization?

☐ Yes☒ No

If YES, complete items 12(b), (c), (d), or (e) as appropriate.

(b) Additional equipment authorization(s) required for equipment:

☐ Certification☐ Type Acceptance☐ Type Approval☐ Notification

(c) Granted FCC ID or FCC ID listed on RX or RX section application:

(d) Granted FCC ID or FCC ID listed on TX or TX section application:

(e) Granted FCC ID or FCC ID listed on other device application:

13.(a) Testing facility, if different from applicant or contact person:

Rubicom Systems Inc.

(b) Mailing address
number, street 7608 Emerald Drive
city, West Melbourne
state Florida
and ZIP code 32904

(c) Telephone No. (Area code and number):
(USA ONLY) (407) 951-1710

(d) FAX No. (Area code and number):
(USA ONLY) (407) 951-2362

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).

14. APPLICANT ANTI-DRUG ABUSE CERTIFICATION:

By checking **yes**, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. 853(a), or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that section. For the definition of a "party" for these purposes, see 47 CFR 1.2002(b).

☒ Yes ☐ No

15. APPLICANT CERTIFICATION:

I certify that I am authorized to sign for the applicant and that all the statements in this application and in the exhibits attached hereto are true and correct to the best of my knowledge and belief. If the applicant is not the actual manufacturer of the equipment listed herein, appropriate arrangements have been made with the manufacturer to ensure that production units of this equipment bearing the FCC IDENTIFIER listed in this application will continue to comply with the Commission's requirements. If an agent has been authorized to sign this application it is understood that the applicant remains responsible for all statements herein.

Linda C. Sadler

▲ Written signature of authorized signer

8/3/94

▲ Date (Month, Day, Year)

Linda C. Sadler

▲ Typed/printed name of authorized signer

Manager, Governmental Affairs

▲ Title of authorized signer

16.(a) AGENT CERTIFICATION:

I certify that I am authorized to sign this application on behalf of the applicant. A copy of the authorization will be submitted upon request by the FCC. It is understood that the FCC reserves the right to contact the applicant at any time.

▲ Written signature of authorized agent

▲ Date (Month, Day, Year)

▲ Typed/printed name and title of authorized agent

▲ Business name of authorized agent

(b) Agent address
number, street
city,
state
and ZIP code

(c) Telephone No. (Area code and number):
(USA ONLY)

(d) FAX No. (Area code and number):
(USA ONLY)

NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT OF 1974 AND THE PAPERWORK REDUCTION ACT OF 1980

The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to evaluate the equipment, to maintain a computer database of authorized equipment, and to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. All information provided in this form will be available for public inspection, unless otherwise determined pursuant to 47 CFR, Section 0.459; 5 U.S.C. Section 552. If information requested in this form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to the Commission's Rules. Your response is required to obtain the requested equipment authorization. THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3507.

Public reporting burden for this collection of information is estimated to vary from 18 hours to 30 hours per response, with an average of 24 hours per response, including time for reviewing instructions, searching existing data sources, gathering information and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Federal Communications Commission, AMD-PIRS, Records Management Division, Washington, DC 20554, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (3060-0057), Washington, DC 20503.

Rockwell International Corporation
Washington Office
1745 Jefferson Davis Highway
Arlington, Virginia 22202



August 2, 1993

Federal Aviation Administration
Spectrum Engineering Division - ASM-500
800 Independence Avenue, SW
Washington, DC 20591

Re: FAA Notification of FCC Equipment
Approval Under FCC Part 87
FCC ID: AJK9URPN822-0329
Distance Measuring Receiver-Transmitter
DME-900

Gentlemen:

In accordance with the requirements of Federal Communications Commission (FCC) Rules and Regulations, Part 87.147(d), Rockwell International Corporation hereby notifies the Federal Aviation Administration (FAA) of its simultaneous filing with the FCC of an application for type acceptance on FCC Form 731 of equipment intended for transmission in frequency ranges set forth in FCC Rules Part 87.147(3) which require FAA notification. The application for type acceptance covers a distance measuring receiver-transmitter, the DME-900.

One complete set of the filing documents is enclosed, including a copy of Form 731, a detailed product description and test data for the DME-900.

Please direct any questions regarding this filing to the undersigned.

Respectfully submitted,

A handwritten signature in cursive script, reading "Linda C. Sadler".

Linda C. Sadler
Manager, Governmental Affairs
703-412-6696

cc: R. Oswalt, Rockwell - w/o enc.
Federal Communications Commission

(Form must be completed by typewriter or pen)

In Budget?

☒ Yes

☐ No

Date

8/2/94

1 PAYEE, ADDRESS AND AMOUNT
☐ Pay CASH To:

☒ Draw CHECK in Favor Of: (Check applicable box)

 Rockwell International Imprest Account
 1745 Jefferson Davis Highway
 Arlington, VA 22202

Amount (Written)

Four Hundred and Twenty-Five Dollars and Zero Cents / 100 Dollars

\$425.00

2 DELIVER CHECK TO:

Name

Div.

Dept.

Group

Mail Add.

Ext.

3 REASON FOR DISBURSEMENT AND SIGNATURES:

Federal Communications Commission's Fee for Type Acceptance of DME-900.

Charge: Div. 001, Dept. 821

#15551

Requested By

Dept.

Group

Approved By

Dept.

Group

Cash Received By

Dept.

Group

M. Brett Wilson

ACCOUNTING DEPARTMENT USE ONLY

Voucher Type

1

☐ System Pay = 1

Vendor Number

2 7

☐ Manual Pay = 2

482010

**Accounts Payable Voucher
A/P-3**

Voucher Number	Invoice or TA Number	Invoice Date	Pay Date	Purchase Order or Employee Number	Bk Cd	Tax Cd
8 13 14	23 24	29 30	35 36	42 43	44	
	15551				1	

Invoice Amount	Discount Amount	TYPE 1 Discount %	TYPE 2 Check Amount	Check Number	Co Cd
45 53 54	61 62 64	62 64	70		80
					1

Typ	Amount		Location		Dept.		Account		Sub. Account		Reference		Project Number	
1	45	53	54	56	57	59	60	64	65	69	70	74	75	78
4			0 1 10											
4			0 1 10											
4			0 1 10											
4			0 1 10											
4			0 1 1											
4			0 1 10											
\$			Total Voucher Distribution					Clerk/Extended		Auditor		Page 1 of ____		

ROCKWELL INTERNATIONAL CORPORATION

4-77

15551

IMPREST ACCOUNT

1745 JEFFERSON DAVIS HWY.
ARLINGTON, VA 22202

Aug 3 1994

68-408/560
1475

PAY
TO THE
ORDER OF

FEDERAL COMMUNICATIONS COMMISSION

\$ 425.00

Four Hundred Twenty Five-----00 DOLLARS

SIGNET BANK

ACH R&T 051006778
Arlington, VA

Virginia

FOR DME-900

John G. Baker
Charles L. Baker

⑈015551⑈ ⑆056004089⑆ ⑈651⑈7172992⑈