

SECTION IV - Enter FCC ID from Page 1, Section I

1.(a) Instead of Applicant, FCC is authorized to mail original Grant to: (See instructions)

Firm name, INTERTEK TESTING SERVICES
 number, street, 1365 ADAMS COURT
 City, State/Country, MENLO PARK, CALIFORNIA, U.S.A.
 ZIP/Postal Code 94025

(b) Name, Title and Mail Stop, if any, of person at above address to receive Grant: (If 1.(a) is completed, this item must be completed)

DAVID CHERNOMORDIK

2.(a) Technical contact:
 Firm name, INTERTEK TESTING SERVICES
 contact person, DAVID CHERNOMORDIK
 number, street, 1365 ADAMS COURT
 City, State/Country, MENLO PARK, CALIFORNIA, U.S.A.
 ZIP/Postal Code 94025

(b) Telephone No. (Area/Country/City code, No. and Ext.)

(650) 463-2900

(c) FAX No. (Area/Country/City code and No.)

(650) 463-2910

(d) Internet e-mail address: DCHERNOM@ITSQS.COM

(e) Non-Technical contact:
 Firm name, WIRELESS LINK
 contact person, ERIC HAXON
 number, street, 1365 ADAMS CT.
 City, State/Country, MENLO PARK, CA 94025
 ZIP/Postal Code

(f) Telephone No. (Area/Country/City code, No. and Ext.)

408.719.1100

(g) FAX No. (Area/Country/City code and No.)

408.719.9646

(h) Internet e-mail address: ERIC@WIRELESS-LINK.COM

3. 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? If "Yes" see instructions.

☒ Yes ☐ No

4. Does the applicant request that the Commission defer grant of this application pursuant to 47 CFR §0.457(d)(1)(ii)? (See instructions)

☐ Yes ☒ No

5. Type of equipment authorization requested: (check one box only)

☒ Certification

☐ Type Acceptance

☐ Notification

6.(a) Equipment Code and description: (See instructions, page 4)

T1NE TDMA / AMPS CELL & PCS PHONE

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

2, 15, 22, 24

7. Application is for: (Check one box only)

☒ 1. Original equipment
 (See instructions)

☐ 2. Change in identification of presently authorized equipment

☐ 3. Class II permissive change or modification of presently authorized equipment

(See instructions)

ORIGINAL FCC ID

Grant date

8. EQUIPMENT SPECIFICATIONS: (See instructions)

(a) Frequency range in MHz

(b) Rated RF power output in watts

(c) Frequency tolerance %, Hz, ppm

(d) Emission designator (See 47 CFR §2.201 and §2.202)

(e) Microprocessor model number

824.04 - 848.97

0.331

40K0F8W

824.04 - 848.97

0.575

40K0DXW

N/A

1849.95 - 1909.9

0.616

1.8 ppm

30K0DXW

9. Is the equipment in this application:

(a) a composite device subject to more than one type of 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" complete items 10.(a) and (b). (See instructions)