



## TCB APPLICATION (FCC Form 731)

<b>Applicant's complete, legal business name:</b> Xiamen Ilead Tek Co., Ltd.			
<b>Applicant's mailing address:</b> <i>fill in fields, as appropriate</i>			
<b>Line 1:</b> Room 01, Unit 2101, No.50 Chengyi North Street, Software Park Phase III, Xiamen, Fujian, China			
<b>Line 2:</b>			
<b>City:</b> Xiamen	<b>State:</b> N/A	<b>Country:</b> China	<b>Zip/Postal Code:</b>
<b>Item 3. Applicant Contact Person:</b> <i>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.</i> <a href="https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm">https://fjallfoss.fcc.gov/oetcf/eas/reports/GranteeSearch.cfm</a>			
<b>First Name:</b> Alan		<b>Last Name:</b> Liu	
<b>Title:</b> Manager		<b>Telephone:</b> +86 05925778135	
<b>E-mail:</b> product@ileadtek.com		<b>Fax No.:</b> +86 05925778135	

<b>Applicant's FCC Registration Number (FRN):</b> 0028314417	
<b>FCC ID</b>	<b>Grantee Code:</b> 2ASPY
<b>Equipment Product Code (14 characters maximum):</b> -ALD-P920 <i>include "dashes" (-) where appropriate</i>	

<b>Assigned Contact:</b>		<b>All questions regarding the application will be directed to this contact. The Original Grant and Invoice will be sent to this contact.</b>	
<b>Firm Name:</b> Xiamen Ilead Tek Co., Ltd.	<b>Telephone:</b> +86 05925778135	<b>Fax: No.:</b> +86 05925778135	
<b>First Name:</b> Alan	<b>Middle Initial:</b>	<b>Last Name:</b> Liu	
<b>Address Line 1:</b> Room 01, Unit 2101, No.50 Chengyi North Street, Software Park Phase III, Xiamen, Fujian, China		<b>P.O. Box:</b>	
<b>Address Line 2:</b>		<b>City:</b> Xiamen	<b>State:</b>
<b>Country:</b> China		<b>Zip/Postal Code:</b>	
<b>E-mail:</b> product@ileadtek.com			

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

Reviewed By (QAI Initial): \_\_\_\_\_  
Reviewed By (QAI Initial): \_\_\_\_\_





Does this application include a request for <b>SHORT-TERM</b> 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 checked="" 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			
<b>Modular Type:</b> (only complete if you answered Yes above) <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 DSS, DTS ( <a href="https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm">https://apps.fcc.gov/oetcf/eas/reports/EquipmentRulesList.cfm</a> )		Enter a brief description of the product being marketed. (Maximum 50 Characters) PeriPage Tattoo Transfer Printer	

**Application is for:**☒ 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☐ Class III permissive change to software defined radio*Note: this may only be filed for applications pertaining to Software Defined Radio***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" complete section below:****The related application:**☐ 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

i.	FCC ID:
ii.	FCC ID: 2ASPY-ALD-P920

Reviewed By (QAI Initial): \_\_\_\_\_  
Reviewed By (QAI Initial): \_\_\_\_\_









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.

**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:**

(Must be actual signature)

*Alan Liu*

**\* Name & Title of Authorized Signature:** Alan Liu, Manager (Typed)

**\*Company Name of Person Signing Application:** Xiamen Ilead Tek Co., Ltd.

**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

Reviewed By (QAI Initial): \_\_\_\_\_  
Reviewed By (QAI Initial): \_\_\_\_\_