

# Timco Engineering, Inc.

## TCB Application Form 731

Rev 01 Mar 02

**Shaded areas are REQUIRED**

For Timco Use Only	
Job Number	
Scope	
Date Filed	
Conf. #	
Grant Note	

<b>Item 1. Applicant's complete, legal business name:</b>			
Tranzeo Wireless Technologies, Inc.			
<b>Applicant's FCC Registration Number (FRN):</b> 0008001257			
<b>Item 2. Applicant's mailing address:</b> <i>fill in fields, as appropriate</i>			
<b>Line 1:</b>			
<b>Line 2:</b> 20155 Stewart Crescent			
<b>P.O. Box:</b>			
<b>City:</b> Maple Ridge			
<b>State:</b> BC		<b>Country (if foreign address):</b> Canada	
<b>Zip/Postal Code:</b> V2X 0T6			
<b>Item 3.</b>	<b>FCC ID</b> consisting of:	<b>Grantee Code:</b> QRF	<b>Equipment Product Code (14 characters maximum):</b> -TR-CPE200 <i>include "dashes" (-) where appropriate</i>
<b>Item 4. Person to receive grant:</b> <i>this is the APPLICANT'S contact person, NOT the Test Lab's</i>			
<b>First Name:</b> Damian		<b>Mail Stop:</b>	
<b>Last Name:</b> Wallace		<b>Telephone:</b> 604-460-6002	
<b>Title:</b> Product Manager		<b>Fax No.:</b> 604-460-6005	
<b>E-mail:</b> dwallace@tranzeo.com			
<b>Item 5. Test Firm Contact</b> (if different from applicant): <i>fill in fields, as appropriate</i>			
<b>Firm Name:</b> Tranzeo EMC		<b>Telephone:</b> 604-460-6625	<b>Ext.:</b> <b>Fax No.:</b>
<b>First Name:</b> Andrew		<b>Middle Initial:</b>	<b>Last Name:</b> Marles
<b>Address Line 1:</b> 2 - 11720 Stewart Cres			<b>P.O. Box:</b>
<b>Address Line 2:</b>		<b>City:</b> Maple Ridge	<b>State:</b> BC
<b>Country (if foreign address):</b> Canada			<b>Zip/Postal Code:</b>
<b>E-mail:</b> amarles@tranzeo.com			
<b>Item 6a. Name of Test Firm and Contact Person on file with the FCC:</b> Tranzeo EMC, Andrew Marles			
<b>Item 6b. FCC Registered Test Site Number.</b> <i>Required for Part 15 and 18 applications.</i>			960532
<b>Item 7. Non-Technical Contact</b> if Different:			
<b>Firm Name:</b>		<b>Telephone:</b>	<b>Ext.:</b> <b>Fax No.:</b>
<b>First Name:</b>		<b>Middle Initial:</b>	<b>Last Name:</b>
<b>Address Line 1:</b>			<b>P.O. Box:</b>
<b>Address Line 2:</b>		<b>City:</b>	<b>State:</b>
<b>Country (if foreign address):</b>			<b>Zip/Postal Code:</b>
<b>E-mail:</b>			
<b>Item 8.</b> * 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?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Item 9.</b> *Is this application for modular approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please submit a cover letter addressing the modular approval requirements of DA 00-1407.</i>			
<b>Item 10.</b> *Is this application for software defined radio authorization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Item 11.</b> Equipment Class: <i>3-digits required</i> DTS		Description of Product as it is marketed: WIRELESS NETWORKING DEVICE	

**Item 12. \*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***Item 13. 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 12 (c).***(c) The related application:**☐ has been granted under the FCC ID listed to the right☐ is in the process of being filed under the FCC ID listed to the right☐ is pending with the FCC under the FCC ID listed to the right**FCC ID**\* **Equipment will be operated under FCC Rule Part(s):**

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**Item 14. EQUIPMENT SPECIFICATIONS:** *Where applicable*

Frequency range in MHz		Rated RF power output <b>IN WATTS</b>	Frequency tolerance %, Hz, ppm		Emission Designator (See 47 CFR 2.201 and 2.202)	Microprocessor model number
2412	2462	0.150				

**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).

**Item 15.****(This Section intentionally left blank)**

**Item 16. 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.

**\*Signature of Authorized Applicant:****Title of Authorized Signature:****Complete items below if an agent signs the application**

<b>Firm Name:</b>	<b>Telephone:</b>	<b>Ext.:</b>	<b>Fax No.:</b>
<b>First Name:</b>	<b>Middle Initial:</b>	<b>Last Name:</b>	
<b>Address Line 1:</b>		<b>P.O. Box:</b>	
<b>Address Line 2:</b>			
<b>City:</b>	<b>State:</b>	<b>Country (if foreign address):</b>	<b>Zip/Postal Code:</b>

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